| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 15G636 | A. BUILDING 00<br>B. WING | 05/01/2025 |

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| W 0000<br><br>Bldg. 00 | This visit was for a predetermined full recertification and state licensure survey.<br><br>Dates of Survey: April 22, 23, 24, 28, 29, 30, and May 1, 2025.<br><br>Facility Number: 001212<br>Provider Number: 15G636<br>Aims Number: 100240190<br><br>These deficiencies also reflect state findings in accordance with 460 IAC 9.<br>Quality Review of this report completed by #15068 on 5/19/25. | W 0000 | | |
| W 0125<br><br>Bldg. 00 | 483.420(a)(3)<br>PROTECTION OF CLIENTS RIGHTS<br><br>Based on observation, record review, and interview for 3 of 3 sample clients (#1, #2, and #3), plus 5 additional clients (#4, #5, #6, #7, and #8), the facility failed to remove an unapproved and unnecessary door alarm for clients #1, #2, #3, #4, #5, #6, #7, and #8.<br><br>Findings include:<br><br>Observations were conducted in the group home on 4/22/25 from 6:10 am to 7:37 am and from 4:20 pm to 6:00 pm. Clients #1, #2, #3, #4, #5, #6, #7, and #8 were present in the home throughout the observation periods.<br><br>Throughout the observation period, there was an alarm placed on the front door. When the door was opened and closed, the alarm sounded. | W 0125 | div=""<br>W125 Protection of Client Rights<br>All clients have rights that we must ensure they are being met. In some cases, we may need to restrict rights, if other options have been unsuccessful. The door alarm was installed for client #3 due to the risk of elopement. This was a restriction on all clients' free access to their homes. The QIDP will write a behavior support plan addressing the behavior of elopement for client #3. The QIDP will also write Human Rights Restriction plans for each client at home, as the door alarm is a restriction for all clients. These | 06/30/2025 |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Michele A Lofton, MSW | Director of Residential Services | 05/30/2025 |

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

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| | The House Manager (HM) was interviewed on 4/22/25 at 6:50 pm and stated, "The door alarm is for [client #3]. I don't know if she has a plan, but she tends to wander."<br><br>Client #3's record was reviewed 4/23/25 at 12:55 pm and did not include a Behavior Support Plan (BSP).<br>Client #3's Comprehensive Functional Assessment (CFA) dated 11/27/24 did not indicate an elopement behavior or the need for a door alarm.<br><br>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/24/25 at 2:42 pm and stated, "I don't know who the alarm is for. It is a restriction. It should be in a plan. I have not seen [client #3] elope since I've been here. I heard it was a past issue. She doesn't have a BSP. We would need to talk to people who have been here longer and talk to HRC (Human Rights Committee). Elopement hasn't been an issue for a year. We need to see if it should be removed or write a BSP and get it approved."<br><br>The Residential Director (RD) was interviewed on 4/24/25 at 3:00 pm and stated, "I don't know who the alarm is for. I didn't realize there was an alarm on the door. We just had an HRC meeting, and it wasn't mentioned. If it is approved for one person, it should be in everyone's plans. I don't know how it happened. We will ask to see if anyone knows how it came about."<br><br>The Registered Nurse (RN) and Director of Corporate Compliance and Quality Assurance (DCCQA) was interviewed on 4/24/25 at 3:53 pm and stated, "I didn't know there was an alarm on the door. It should not be there if it is not | | restrictions will be approved by our Human Rights Committee. Staff will be trained on the restrictions and BSP by the QIDP, Residential Trainer, or house manager by June 30, 2025. The QIDP and Director of Corporate Compliance/ Quality Assurance will ensure at least monthly that all restrictions are approved by the Human Rights Committee and renew restrictions annually. The Human Rights Committee meets quarterly to review and update any restrictions but can also approve restrictions through e-mail at any time. All restrictions will be approved by the HRC and DCCQA before implementation. If restrictions are not approved, an IDT meeting will be held to consider other options. This will occur for all our facilities, and all our clients when any of their rights need to be restricted. | |

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| | approved. There should be documentation and reasoning to have those things. It is a restraint."<br><br>9-3-2(a) | | | |
| W 0149<br><br>Bldg. 00 | 483.420(d)(1)<br>STAFF TREATMENT OF CLIENTS<br><br>Based on record review and interview for 2 of 3 sample clients (#1 and #3), plus 5 additional clients (#4, #5, #6, #7, and #8), the facility failed to implement its written policy and procedure to prevent, immediately report, and thoroughly investigate allegations of abuse and neglect by staff of clients #1, #3, #4, #5, #6, #7, and #8.<br><br>Findings include:<br><br>The facility's Bureau of Disability Services (BDS) reports and related investigations were reviewed on 4/22/25 at 2:07 pm and indicated the following:<br><br>1. A BDS report dated 6/15/24 indicated the following:<br>"On 6/15/24, [staff #4] reported that [staff #6] was mocking [client #8], blocking her from entering the kitchen, and using profanity toward [client #8]. [Staff #6] was suspended immediately for alleged verbal and emotional abuse."<br><br>An investigation dated 6/16/24 indicated the following:<br>"Conclusion: [Staff #6] was emotionally abusive to [client #8] by impersonating her, mocking her, and causing her to become more agitated. [Staff #6] was verbally abusive by using profanity toward [client #8]. [Staff #6] was physically abusive as she was engaging in restricting [client #8's] free access around her home. [Staff #6] was | W 0149 | W149- Staff Treatment of Clients has policies for the following: Medication Administration / 6 Rights of Medication, Incident Reporting / Management, and Right of Individuals Receiving Services. Staff will be retrained in reporting: types of incidents, time frames, reporting to RN / DCCQA and Medication Administration. In-Person training for all staff at the home will be completed by June 13, 2025, and will continue Quarterly. RN / DCCQA will investigate and complete any suspected Abuse, Neglect, and/or Exploitation within 5 days of knowledge (per State regulations). The same process and standards will occur across all of our facilities. All staff will receive training upon hire and annually on these policies. | 06/13/2025 |

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| | also neglectful in that she did not prepare [client #8's] food correctly, increasing her risk of choking.<br>In addition, [staff #6] acted in a retaliatory manner toward [staff #4] as she confronted [staff #4] about reporting her.<br><br>Recommendations: [Staff #6] was terminated on 6/17/24 for abuse and neglect and improper behavior toward a co-worker."<br><br>2. A BDS report dated 6/17/24 indicated the following:<br>"On 6/16/24 at 8:00 pm, it was discovered that the 8:00 pm medications were not passed on 6/15/24. The staff involved received corrective action and will complete medication retraining (Core A and B) on 6/21/24. There appeared to have (sic) no side effects from missed medications."<br>The review indicated the allegation of neglect affected clients #3, #4, #5, #6, #7, and #8.<br><br>An investigation dated 6/16/24 indicated staff #4 was the only staff in the home from 7:00 pm to 10:00 pm. The investigation indicated the following:<br>"[Staff #4] was the staff on duty and needed to pass medications at 8:00 pm. If [staff #4] had an issue with completing this, she should have contacted the on-call supervisor, the nurse, and her supervisor or the DCCQA (Director of Corporate Compliance and Quality Assurance). [Staff #4] contacted the DCCQA and her supervisor earlier in the evening about another incident that occurred.<br>This is a Type I medication area and was a neglectful act. [Staff #4] received a written warning and was required to attend medication training on 6/21/24 with the Corvilla nurse. [Staff #4] also received corrective action for neglect. | | | |

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| | Recommendations:<br>[Staff #4] received corrective action for the medication error and immediate retraining in medication administration. [Staff #4] also received corrective action for neglect."<br><br>3. A BDS report dated 7/24/24 indicated the following:<br>"It was reported on 7/24/24 that on 7/23/24, [client #7], while walking to the van fell to his knees on the driveway. [Client #7] had a quarter inch scrape on his left knee with minimal bleeding. Staff cleaned the area, and [client #7] got up and went to the van. [Client #7] resumed normal activities.<br>Plan to Resolve (Immediate and Long Term):<br>The staff who did not report the incident will be retrained in immediate reporting of falls."<br><br>A BDS report and related investigation indicated client #7 was examined for a possible concussion on 7/19/24 after falling inside the home while being assisted by staff with the use of his gait belt.<br><br>Client #7's record was reviewed on 4/23/25 at 2:00 pm.<br>Client #7's fall risk plan dated October 2024 indicated the following:<br>"Interventions:<br>- Staff to ensure client wears gait belt and remain with (sic) during walk.<br>- Staff to ensure client is 1:1 assist.<br>- Staff to use wheelchair for [client #7] when getting on and off the bus."<br><br>The review did not include an investigation of client #7's second fall with injury in a 5 day period. | | | |

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| | 4. A BDS report dated 11/23/24 indicated the following:<br>"On 11/23/24, staff discovered that when arriving at 8:00 am, no medications had been given by the 3 staff on duty. Medications were scheduled at 6:00 am and 7:00 am. The three staff had decided to let the 8:00 am staff pass the meds (medications) which exceeded the medication timeframe. Nurse was contacted and instructed to administer medications. All medications were administered late. The staff involved were suspended pending investigation for neglect. No side effects have been observed from late medication administration at this time."<br>The review indicated the allegation of neglect affected clients #1, #3, #4, #5, #6, #7, and #8.<br><br>An investigation dated 11/25/24 substantiated the allegation of neglect and indicated the following: "All three staff were found to be negligent. They intentionally withheld medications from the individuals. The allegation of neglect was substantiated.<br><br>Recommendations:<br>[Staff #1] was terminated on 11/25/24 for neglect. [Staff #1] should have passed the medications despite no one being assigned. [Staff #1] has worked at the home since August 2024.<br>[Staff #2] quit and refused to be interviewed. [Staff #2] would have been terminated for neglect had she not quit. [Staff #2] should have passed the medications despite no one being assigned. [Staff #2] has worked since October 2024.<br>[Staff #3] received a written warning or (sic) neglect and retraining. [Staff #3] should have called the on-call supervisor if she wasn't comfortable passing medications and no one else was doing it. She had been trained only once in passing medications as (sic) [the group home]. | | | |

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| | This incident led to some changes. Going forward, new staff will not pass medications for 2 weeks after completing orientation. The new staff will observe at least one med pass each shift they work during that 2 weeks as an observer only. After the two weeks, they will need 5 successfully observed medication passes with the manager/trainer. The fifth one will be completed by the nurse. If staff begin working at another home, they will need three successfully observed medication passes, the third one by the nurse. The managers and trainer were retrained in the components of what their role is in teaching staff to pass medications in the homes."<br><br>5. A BDS report dated 11/27/24 indicated the following:<br>"On 11/27/24, [client #6] was being seen by her gastroenterologist. Upon examination, [client #6] had a large red area on her right hip. When touched, [client #6] indicated it was painful. This could be an indication of another pressure sore developing. This will be treated with prescribed creams. The crease of her groin has a buildup of nystatin powder (anti-fungal) and is irritated. [Client #6's] g-tube (gastrostomy tube) site had some discharge. It is unclear if [client #6] is being showered correctly and repositioned as required. [Client #6] also has a red area behind her left ear. The pressure sore from last week has improved."<br><br>An investigation dated 12/3/24 indicated the following:<br>"Conclusion:<br>- [Staff #5] and [Direct Support Professional (DSP) #2] admitted to not always showering [client #6]. [Staff #5] knew this was wrong as she took a picture of a basin by [client #6's] bed, indicating bathing (sponge bath in bed) was being done. She did not report this when she discovered this. | | | |

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| | Both staff were suspended and returned to work.<br>- It is also believed that while [client #6] was showered, the skin breakdown indicates that she was not dried thoroughly which causes more moisture and bacterias to form. Wet towels were found under [client #6] several times.<br>- Upon investigation, neglect did occur by [DSP #2] and [staff #5] as they admitted to not showering [client #6] each shift they work and were assigned to care for her. The definition of neglect is the failure to provide something which causes harm. This admission of not showering [client #6] contributed to her skin issues. Also, it was determined that home staff did not properly dry [client #6], which is believed to be more of a training issue in proper personal care, specifically drying all areas of [client #6] thoroughly.<br><br>Recommendations:<br>All staff will be retrained in personal care for [client #6] and the other individuals. The nurse will develop a detailed care checklist for [client #6]. Skin checks will occur each day by staff and by the nurse when [client #6] is at day program until such time as there is no question about [client #6's] personal care.<br>[Staff #5] and [DSP #2] should receive a written warning for neglect as they admitted to not showering [client #6] each shift they worked."<br><br>6. A BDS report dated 12/3/24 indicated the following:<br>"Staff reported on 12/3/24 that on 12/2/24 at around 6:00 pm, [staff #5] undressed [client #7] in the kitchen as staff moved him from the kitchen chair to the shower chair in preparation of his shower. The reporting staff stated that the staff did this in front of other persons served. The reporting staff stated [staff #5] took off all of [client #7's] clothes." | | | |

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| | An investigation dated 12/3/24 indicated the following:<br>"Based on [staff #5's] admission and the witnessed account of three other staff, [staff #5] did take off [client #7's] clothes exposing him to other (sic). This is emotional abuse as [client #7] was humiliated in front of others and caused him emotional distress. This was also sexual abuse as [client #7] was sexually exploited by being naked in front of others. [Client #7's] right to be treated with dignity and respect was not honored through this action. His right to privacy was also violated as well as his right to be free from abuse.<br>[The Trainer], as the staff trainer should have reported this immediately. While she may feel she handled the situation, policy is that she, like everyone else, is required to report ANE (abuse, neglect, and exploitation) and rights violations to [the DCCQA] immediately.<br>[Staff #3] did not follow reporting policy. While she emailed the QIDP (Qualified Intellectual Disabilities Professional), she did not verbally contact the DCCQA immediately.<br><br>Recommendations:<br>[Staff #5] was terminated on 12/4/24 for abuse and rights violations. [The Trainer] and [staff #3] should receive corrective action for failure to report immediately.<br>The entire home should be retrained in ANE and rights of persons served."<br><br>7. A BDS report dated 1/8/25 indicated the following:<br>"On 1/8/25, it was discovered that on 1/6/25 at 9:00 am, [client #6] did not receive her 9:00 am nutritional feeding. [Client #6's] schedule had changed on 1/3/25, and all staff were trained on these changes including the staff who made the | | | |

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| | medication error. [Client #6] did not appear to have any ill effects from (sic) missed feeding."<br><br>An email from [staff #4] to DCCQA #1 dated 1/8/25 at 10:09 am indicated the following: "I didn't feed [client #6] at 9 because I wasn't made aware that her new feeding schedule was permanent or that I was supposed to feed her pass 7 (sic) I only seen (sic) the paper one time with her feeding schedule and was told I wouldn't be the one to feed her that the person passing meds in the morning would be and then she would be fed 3 times at day program and 3 times when she came back home from day program."<br><br>An email from House Manager (HM) #1 dated 1/8/25 at 10:30 am indicated the following: "Staff were trained and signed the paperwork. [The Trainer] explained the new feeding schedule to [staff #4]. The laminated feeding schedule from the nurse is in [client #6's] MAR (Medication Administration Record). The signed training sheet is in the med room...."<br><br>The review did not include an investigation for the allegation of neglect for client #6.<br><br>The RN/DCCQA #2 was interviewed on 4/22/25 at 10:41 am. When asked if a missed feeding was an allegation of neglect requiring an investigation, the RN/DCCQA #2 consulted a document and stated, "Withholding food is underneath the alleged, suspected, or confirmed category. It is in there. There should be an investigation."<br><br>The Residential Director (RD) was interviewed on 4/24/25 at 3:00 pm and stated, "Staff should report allegations to [RN/DCCQA #2] within 24 hours. The investigations should be done as soon as we are notified, within 24 hours." The RD stated, | | | |

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| | "Corrective action is the retraining and re-education of staff. There is medication training. There could be more significant disciplinary or termination. The policy prohibits abuse and neglect by staff."<br><br>RN/DCCQA #2 was interviewed on 4/22/25 at 10:41 am and stated, "Allegations of abuse and neglect are reported to me. The staff call, and I ask them to do a GER (general event report), and I do an investigation. The staff should report immediately. I have a template we follow of who to talk to and what to ask. The incident is reported to the state right away, within 24 hours. There is a follow-up every 7 days or sooner. The investigation is completed within 5 business days." RN/DCCQA #2 stated, "The policy is copy and paste from BDS. To prevent those things, it starts with training. Staff should treat people the way they want to be treated. The staff should be trained to report when they see others. The policy does prohibit abuse and neglect by staff."<br><br>The facility's Incident Reporting and Management Policy dated June 2024 was reviewed on 4/23/25 at 11:16 am and indicated the following:<br>"It is the policy of Corvilla, Inc. to:<br>- Ensure the health and safety of all its clients.<br>- Regard a reportable incident as any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual or death of an individual.<br>- Not tolerate abuse, neglect, or exploitation of clients by staff members, clients, or persons in the community.<br>- Protect the confidentiality of all persons involved in an investigation.<br>- Continually asses the agency's internal | | | |

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| | investigation system and adjust as needed to improve its effectiveness.<br>Definition of Reportable Incidents: Incidents to be reported to BQIS (Bureau of Quality Improvement Services) include any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual. This is the over-riding guide for determining if an incident is reportable. If the incident does not fit into one of the categories below but fits with the statement above it must be regarded as reportable.<br>Reportable incidents include but are not limited to:<br>Alleged, suspected, or actual abuse, which includes but is not limited to:<br>- Physical abuse, including but not limited to: i. intentionally touching another person in a rude, insolent, or angry manner; ii. willful infliction of injury; iii. unauthorized restraint or confinement resulting from physical or chemical intervention; iv. rape....<br>- Emotional/verbal abuse, including but not limited to communicating with words or actions in a person's presence with intent to: i. causes the individual to be placed in fear of retaliation; ii. cause the individual to be placed in fear of confinement or restraint; iii. cause the individual to experience emotional distress or humiliation; iv. cause others to view the individual with hatred, contempt, disgrace, or ridicule; v. cause the individual to react in a negative manner.<br>- Domestic abuse, including but not limited to.... iii. Emotional/verbal abuse; iv. intimidation....<br>Alleged, suspected or actual neglect which includes but is not limited to:<br>- Failure to provide appropriate supervision, care, or training.<br>- Failure to provide a safe, clean, and sanitary environment.<br>- Failure to provide food and medical services as | | | |

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| | needed....<br>A fall resulting in injury, regardless of the severity of the injury.<br>A medication error or medical treatment error as follows... Missed medication - not given....<br>Incidents involving Abuse, Neglect, Exploitation, peer-to-peer aggression, criminal activity, aversive techniques, and use of mechanical restraints are to be referred to the Human Rights Officer of Corvilla immediately. The Human Rights Officer will timely reports on all allegations received. All other reportable incidents as defined above are the responsibility of the client's QIDP or Program Manager.<br>BQIS reporting procedures will be followed by all Corvilla staff with reporting responsibility....<br><br>Investigations of Allegations (Internal):<br>When actions by a Corvilla employee or client are alleged to be abusive, neglectful, or exploitative or to involve criminal activity, the Human Rights Officer, hereafter called the investigator, will within 48 hours after receipt of the verbal report or such other period as may be determined appropriate, investigate, and complete a written investigation report....<br><br>Resolution of Incident:<br>- If no violation of this policy has occurred, the accused, the reporting employee, the client(s), the guardian, the CEO (Chief Executive Officer), and the appropriate Division representative are notified of the same. The confidentiality of all involved parties will be maintained.<br>- If abuse, neglect, or financial exploitation has occurred, sanction may be invoked by the Management Staff in conjunction with the Chief Human Resources Officer. The accused, the reporting staff member, the client, the guardian, the CEO, and Chief Human Resources Officer are | | | |

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| | notified that (sic) allegation has been substantiated and appropriate action has been taken. The confidentiality of all involved parities shall be maintained in the resolution. When sanction of written warning, suspension, or dismissal has been invoked, it shall be recorded in the employee's personnel file with his or her knowledge and any written statement he or she may care to submit.<br>- Corvilla will observe the federal rules/guidelines for submitting follow up reports for abuse, neglect, and exploitation incident reports....<br><br>Prevention and Assessment:<br>The Corvilla Director of Corporate Compliance and Quality Assurance will, in the course of each investigation, or at a minimum monthly, assess the agency's internal investigation system, analyze the data and risk-reduction plans associated with reportable incidents, and adjust as needed to improve its effectiveness.<br>Staff training on this policy and its contents will occur upon hire and quarterly. As situations dictate, additional training will be completed."<br><br>9-3-2(a) | | | |
| W 0154<br><br>Bldg. 00 | 483.420(d)(3)<br>STAFF TREATMENT OF CLIENTS<br><br>Based on record review and interview for 2 additional clients (#6 and #7), the facility failed to investigate one fall with injury for client #7 and one allegation of neglect for client #6.<br><br>Findings include:<br><br>The facility's Bureau of Disability Services (BDS) reports and related investigations were reviewed | W 0154 | W154 – Staff Treatments of Clients<br>has policies for the following: Medication Administration / 6 Rights of Medication, Incident Reporting / Management, and Right of Individuals Receiving Services. Staff will be retrained in reporting: types of incidents, time frames, reporting to RN / DCCQA | 06/13/2025 |

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| | on 4/22/25 at 2:07 pm and indicated the following:<br><br>1. A BDS report dated 7/24/24 indicated the following:<br>"It was reported on 7/24/24 that on 7/23/24, [client #7], while walking to the van fell to his knees on the driveway. [Client #7] had a quarter inch scrape on his left knee with minimal bleeding. Staff cleaned the area, and [client #7] got up and went to the van. [Client #7] resumed normal activities.<br>Plan to Resolve (Immediate and Long Term):<br>The staff who did not report the incident will be retrained in immediate reporting of falls."<br><br>A BDS report and related investigation indicated client #7 was examined for a possible concussion on 7/19/24 after falling inside the home while being assisted by staff with the use of his gait belt.<br><br>Client #7's record was reviewed on 4/23/25 at 2:00 pm.<br>Client #7's fall risk plan dated October 2024 indicated the following:<br>"Interventions:<br>- Staff to ensure client wears gait belt and remain with (sic) during walk.<br>- Staff to ensure client is 1:1 assist.<br>- Staff to use wheelchair for [client #7] when getting on and off the bus."<br><br>The review did not include an investigation of client #7's second fall with injury in a 5 day period.<br><br>2. A BDS report dated 1/8/25 indicated the following:<br>"On 1/8/25, it was discovered that on 1/6/25 at 9:00 am, [client #6] did not receive her 9:00 am nutritional feeding. [Client #6's] schedule had | | and Medication Administration. In-Person training for all staff at the home will be completed by June 13, 2025, and will continue Quarterly. RN / DCCQA will investigate and complete any suspected Abuse, Neglect, and/or Exploitation within 5 days of knowledge (per State regulations). The same process and standards will occur across all of our facilities. All staff will receive training upon hire and annually on these policies. | |

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changed on 1/3/25, and all staff were trained on these changes including the staff who made the medication error. [Client #6] did not appear to have any ill effects from (sic) missed feeding."

An email from [staff #4] to Director of Corporate Compliance and Quality Assurance (DCCQA) #1 dated 1/8/25 at 10:09 am indicated the following: "I didn't feed [client #6] at 9 because I wasn't made aware that her new feeding schedule was permanent or that I was supposed to feed her pass 7 (sic) I only seen (sic) the paper one time with her feeding schedule and was told I wouldn't be the one to feed her that the person passing meds in the morning would be and then she would be fed 3 times at day program and 3 times when she came back home from day program."

An email from House Manager (HM) #1 dated 1/8/25 at 10:30 am indicated the following: "Staff were trained and signed the paperwork. [The Trainer] explained the new feeding schedule to [staff #4]. The laminated feeding schedule from the nurse is in [client #6's] MAR (Medication Administration Record). The signed training sheet is in the med room...."

The review did not include an investigation for the allegation of neglect for client #6.

The RN/DCCQA #2 was interviewed on 4/22/25 at 10:41 am. When asked if a missed feeding was an allegation of neglect requiring an investigation, the RN/DCCQA #2 consulted a document and stated, "Withholding food is underneath the alleged, suspected, or confirmed category. It is in there. There should be an investigation."

The Residential Director (RD) was interviewed on 4/24/25 at 3:00 pm and stated, "The investigations

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| | should be done as soon as we are notified, within 24 hours."<br><br>RN/DCCQA #2 was interviewed on 4/22/25 at 10:41 am and stated, "I do an investigation. I have a template we follow of who to talk to and what to ask. The incident is reported to the state right away, within 24 hours. There is a follow-up every 7 days or sooner. The investigation is completed within 5 business days."<br><br>9-3-2(a) | | | |
| W 0186<br><br>Bldg. 00 | 483.430(d)(1-2)<br>DIRECT CARE STAFF<br><br>Based on observation, record review, and interview for 3 of 3 sample clients (#1, #2, and #3), plus 5 additional clients (#4, #5, #6, #7, and #8), the facility failed to provide adequate staffing to meet clients #1, #2, #3, #4, #5, #6, #7, and #8's needs.<br><br>Findings include:<br><br>1. An observation was conducted in the group home on 4/22/25 from 4:20 pm to 6:00 pm. Clients #1, #2, #3, #4, #5, #6, #7, and #8 were present in the home throughout the observation periods.<br><br>Client #1 was able to ambulate through his home independently and was able to verbally express his wants and needs. Client #1's food was served without adaptive equipment or an altered texture. Throughout the observation, client #1 did not use any adaptive equipment.<br><br>Client #2 was able to ambulate through her home independently. Client #2 was not observed | W 0186 | W186- Direct Care Staff<br>Going forward, the minimum staff number during waking hours when all clients are home will be 3 staff. This is based on the guidelines for appropriate ratios, which is 1 staff member for every 3.2 clients with severe or profound disabilities. During sleeping hours, the minimum number of staff will be 2. The QIDP discussed staffing concerns with our management team, and it was approved to have 3-4 staff on each waking shift. Ideally, we will have 4 staff scheduled, which will allow for extra support in the home, and a safety net for staff call-offs. Our Recruiting Specialist is hiring more staff for the home to fill open shifts and ensure we are fully staffed at all times. The Scheduler has also been notified that we must have 3-4 staff on each | 06/13/2025 |

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| | expressing any wants or needs verbally or through physical gestures. At the meal time, client #2's food was chopped and she used a high sided, divided plate with a regular spoon.<br><br>Client #3 was able to ambulate through her home independently. Client #3 wore a gait belt at all times but did not receive staff assistance when ambulating. At the meal, client #3's food was pureed and was served in a high sided, divided plate with a built up spoon with a coated bowl. Client #3 required some hand over hand assistance with scooping food onto her spoon. Client #3 used a dining harness to keep her upright while eating.<br><br>Client #4 was blind and required staff assistance to ambulate through his home. Client #4's food was served pureed with a high sided, divided plate and a built up spoon with a curved bowl. Client #4's drink was thickened and was served in a cup with handles on both sides. While eating, staff stood next to client #4 and prompted him to slow down and to take smaller bites and to assist him in scooping food onto his spoon.<br><br>Client #5 used a wheelchair to move about his home and required staff assistance. Client #5 expressed his wants and needs verbally. Client #5's food was served pureed on a high-sided divided plate.<br><br>Client #6 used a wheelchair to move about her home and required staff assistance. Client #6 was not observed expressing any wants or needs verbally or through physical gestures. Client #6 received all medications and nutrition through a g-tube (gastrostomy tube).<br><br>Client #7 was able to ambulate through his home | | waking shift. Should there be an instance when less than 3 staff are available, the QIDP and On-Call Manager will implement one of the following solutions: pull staff from another home as long as they are still at their minimum staffing ratio without that staff, utilize managers and team leads to fill the shift, utilizing other support staff, or fill the shift themselves. The QIDP, Residential Director, Recruiting Specialist, HRO, and Scheduler will review staffing levels at least monthly to ensure that we are hiring sufficient and reliable staff for open positions. Increasing staffing levels will ensure that staff can prepare meals with the clients' assistance. Staff will be retrained on our Infection Control policy, active treatment, and meal preparation. Appropriate staffing levels will also ensure that staff are able to correctly administer medications, engage in active treatment, and assist all clients as needed. Staff will be retrained on these policies by 6/30/25. Staffing levels will be increased as immediately as possible, and with each additional new hire. Several staff have been hired, and we will continue recruiting more. Client #3: Risk plan for dining / use of harness has been updated to reflect proper time frames and usage. The risk plan for fall / use of gait belt has been updated to | |

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| | with staff assistance using a gait belt. Client #7 verbally repeated phrases throughout the observation period and indicated he did not want to stand up to go to the medication room or table for the meal. Client #7 did not express wants or needs and only responded to direct questions from staff. At the meal, client #7's food was served mechanical soft, and he used a dining harness to sit upright with a high sided, divided plate and a built up spoon.<br><br>Client #8 was able to ambulate through her home without staff assistance. Client #8 was observed responding to staff's verbal instructions but did not express any wants or needs verbally or through physical gestures.<br><br>On 4/22/25 at 4:20 pm, the House Manager (HM) and Direct Support Professional (DSP) #4 were working in the home. The evening meal was prepared and sitting on the counter, covered in foil. The HM was in the medication room, preparing medications. DSP #4 was in the men's living room and was interacting with clients. Client #1 was in his bedroom and could be heard talking on the phone. Client #2 was standing in the women's living room. Client #3 was in the dining room. Clients #4, #5, #6, and #7 were in the men's living room, and client #8 was in her bed. At 4:48 pm, DSP #4 offered clients #2 and #8 a coloring activity at the dining table. Client #1 was in his bedroom. Clients #3, #4, #5, #6, and #7 were in the men's living room. There was music playing on the television.<br><br>At 4:57 pm, the HM was administering medications. Client #1 was in his bedroom. Clients #2 and #5 were coloring in the dining room. Clients #3, #4, and #7 were in the men's living room. Client #6 was receiving her | | reflect proper time frames and usage. In-Person training with all staff in the facility will be completed by June 13, 2025. Risk plans will be updated yearly, as well as with any changes or different needs by the RN and LPN. The QIDP will review all risk plans monthly to ensure they are still appropriate, and request changes as needed. This will occur across all facilities. | |

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| | medications. Client #8 was in her bed. At 5:09 pm, the HM prompted client #8 to the dining table and offered her a puzzle. Client #5 was sitting in the dining room. Client #2 was pacing through the home. Client #1 was in his bedroom. Clients #3, #4, #6, and #7 were in the men's living room.<br><br>At 5:12 pm, DSP #4 put the prepared food into the microwave and re-heated it. Client #8 served herself from the serving dishes. Clients #2, #3, #4, and #5 required hand over hand assistance. Clients #1 and #7 refused to go to the table. At 5:29 pm, the HM stated, "[Client #7] won't get up from the sofa for dinner or his medicine. We give him time. [Client #1] said he will eat later. He had snacks when he got home."<br><br>At 5:33 pm, client #4 attempted to stand up from the table. The HM prompted client #4 to take another drink. The HM offered client #4 another bite of food, but he refused. The HM assisted client #4 to wipe his mouth then assisted him to sit down in the men's living room. DSP #4 cleared clients #4 and #5's places. Client #8 put her plate in the sink. At 5:41 pm, client #1 went to the dining table and requested his plate. DSP #4 prepared a plate of food and put it in the microwave then gave it to client #1 at the dining table. At 5:46 pm, the HM prompted client #2 to put her plate in the sink. At 5:53 pm, client #3 was sitting at the dining table with her dining harness on. DSP #4 set a timer on the refrigerator and stated, "[Client #3] has to sit at the table for 30 minutes after eating." At 6:00 pm, the HM took client #6 into the medication room and the observation ended.<br><br>DSP #4 was interviewed on 4/22/25 at 4:52 pm and stated, "The cooking is done before the clients get home. They do not assist. We don't have | | | |

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| | enough staff."<br><br>The facility's Bureau of Disabilities Services (BDS) reports and related investigations were reviewed on 4/22/25 at 2:07 pm.<br><br>2. A BDS report dated 6/17/24 indicated the following:<br>"On 6/16/24 at 8:00 pm, it was discovered that the 8:00 pm medications were not passed on 6/15/24."<br>The review indicated the missed medications affected clients #3, #4, #5, #6, #7, and #8.<br><br>An investigation dated 6/17/24 indicated staff #4 was the only staff working in the home from 7:00 pm to 10:00 pm. The investigation indicated the second staff staff #6 was suspended earlier in the day when staff #4 reported an allegation of abuse involving staff #6. The investigation indicated no additional staff were provided to assist staff #4 in performing her duties.<br><br>The House Manager (HM) was interviewed on 4/22/25 at 6:50 pm and stated, "A lot of shifts end up with 2 staff. Two staff is not adequate, especially on the weekend and 2nd shifts. When I started, there were 4 staff, but they reduced it to 3. Three is not guaranteed and does not happen on most of the shifts. We don't do dinner the way we are supposed to. There should be more than 1 staff at the table. There are times when someone needs assistance, and only one staff can be at the table. We cannot cook dinner with clients here. When we plan for outings, it's not possible to take them with only 2 staff. If we go to a park, we almost need 1 to 1 staff. Two clients need people to walk with them. Others are in wheelchairs and need someone to push. We just can't do it. In an emergency, if someone needed to go to the hospital, one staff is left with everyone else." The | | | |

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| | HM stated, "There have been times medications were not passed due to staffing. One staff was left alone and could not pass the medication and watch everyone."<br><br>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/24/25 at 2:42 pm and stated, "Ideally, they should have 3 staff during awake hours and 2 on the overnight. It has been a problem."<br><br>The Residential Director (RD) was interviewed on 4/24/25 at 3:00 pm and stated, "Two staff is not enough. We've been short staffed. They need a minimum of 3 to 4. There is so much involved. It's a challenging home."<br><br>The Registered Nurse (RN)/Director of Corporate Compliance and Quality Assurance (DCCQA) was interviewed on 4/24/25 at 3:53 pm and stated, "Second shift needs more than 2. Two staff cannot do active treatment, pass medications, and do a meal preparation. The medication pass in that home takes 2 hours. It is a very complicated medication administration."<br><br>9-3-3(a) | | | |
| W 0240<br><br>Bldg. 00 | 483.440(c)(6)(i)<br>INDIVIDUAL PROGRAM PLAN<br><br>Based on observation, record review, and interview for 2 of 3 sample clients (#1 and #3), the facility failed to ensure clients #1's Individual Support Plan (ISP) goals met his needs and client #3's high risk plan clearly addressed her use of a dining harness.<br><br>Findings include: | W 0240 | p="" paraid="82239998" paraeid="{75a86d4d-5b81-42ac-9760-9478573f5a30}{232}">W240-<br>Individual Program Plan Going forward, goals will be monitored at least monthly by the QIDP to ensure that they meet the client's current needs. This will include adding, removing, and changing | 06/30/2025 |

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| | 15G636 | A. BUILDING 00<br>B. WING | 05/01/2025 |

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| CORVILLA INC | 3202 S FELLOWS<br>SOUTH BEND, IN 46614 |

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| | 1. Client #1's record was reviewed on 4/23/25 at 11:18 am.<br>Client #1's Individual Support Plan (ISP) dated 11/21/24 indicated the following programs and goals:<br>"[Client #1] will take a shower and shave his face each morning with 0 - 15 prompts for 60% of trials (Mar. - May).<br>[Client #1] will brush his teeth with 0 - 8 prompts for 60% of trials (Mar. - May).<br>[Client #1] will choose a meal when given two options - what everyone else is having and one backup option - and eat at the table with his peers for dinner with 0 - 12 prompts for 40% of trials (Mar. - May).<br>[Client #1] will pack a balanced lunch (veggies, fruit, entree, drink, optional snack or dessert) for the next day's day program with unlimited prompts for 40% of trials (Mar. - May).<br>[Client #1] will make a purchase in the community, including picking out something he wants to buy, taking it to the register, (staff should count out the money he needs unless he chooses to do so,) handing his money over, and asking for a recipe with 0 - 10 prompts for 40% of trials (Mar. - May).<br>[Client #1] will put his dirty clothes in a hamper with 0 - 4 prompts and bring his hamper to the laundry room with 60% accuracy (Mar. - May).<br>[Client #1] will complete a domestic task (wiping the table, loading the dishwasher, folding towels/clothes, taking out trash, bringing trash cans back from the road, sweeping, etc) with unlimited prompts for 50% of trials (Mar. - May)<br>[Client #1] will wipe himself until the toilet paper comes out clean with 0 - 10 prompts for 50% of trials (Mar. - May)."<br><br>Client #1 was interviewed on 4/23/25 at 10:11 am and stated, "I want to move to my own apartment. I need to learn to cook and keep the house clean. | | goals as needed. Client #1's goals have been updated to meet his current needs. His new goals are centered on skills he would need to live more independently, as he is moving to a supported living home this summer. These goals have been updated on his ISP and in the tracking system. New goals include: Client #1 will assist with meal preparation (this could be one of the following: stirring, getting ingredients out, cooking, assembling his meal, ) and cleaning up after a meal (this could be one of the following: putting dishes in sink or dishwasher, wiping his table, cleaning counters, putting things away, ) with unlimited prompts for 60% of trials. Client #1 will take a shower and shave his face each morning with unlimited assistance for 80% of trials. Client #1 will indicate what are used for, when asked by staff at Med Pass with 0-5 prompts for 50% of trials. Client #1 will choose clothing to wear each day (shirt, pants, undies, socks, shoes, jacket if needed) and with 0-5 prompts for 80% of trials. Client #1 will brush his teeth, floss, and use mouthwash with 0-8 prompts for 70% of trials.<br>ul="" role="list"<br>Client #1 will complete a domestic task with unlimited prompts for 50% of trials. Run each task per day: Monday- sweep kitchen, | |

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| | They won't let me cook. I didn't cook much at home because we had a gas stove. I can cook steak on a charcoal grill. I know how to make toast and boiled eggs. I don't know how to make buttered noodles." Client #1 stated, "I don't help with cleaning. I make my bed in the morning. I don't have any chores. I carry things off of the bus and into the house. I know how to wash dishes, but I don't do it now. I don't set the table. I would like to do them." Client #1 stated, "I take 5 pills at 8:00 pm, 3 at 4:30 pm, and 4 in the morning. One is for my tummy. I don't know what the others are for. I want to know why I take them."<br><br>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/24/25 at 2:42 pm and stated, "When he first came in, I probably was a little light on the goals. I should be updating them as we go and adding more things that would help him move to a supported living site. He can't do everything, but he could be helping at least."<br><br>The Residential Director (RD) was interviewed on 4/24/25 at 3:00 pm and stated, "The goals should be functional and tailored to the individual. He would benefit from cooking, setting and cleaning the table, washing and drying dishes. He should be learning what his medications are and why he's taking them. He should learn to budget, prepare a grocery list, and have a chore list to help with cleaning."<br><br>The Registered Nurse (RN)/Director of Corporate Compliance and Quality Assurance (DCCQA) was interviewed on 4/24/25 at 3:53 pm and stated, "He needs skills. He has to be able to do laundry, use the microwave, cook on a stove and in the oven. He does know what his gas medication is, but he needs to know the others. His goals should be | | Tuesday- bring trash cans back from the curb, Wednesday- clean up his room, Thursday- wipe down kitchen counters, Friday-load or unload dishwasher, Saturday- fold and put away towels, Sunday- clean bathroom sink and mirror<br>Client #1 will assist with meal preparation (this could be one of the following: stirring, getting ingredients out, cooking, assembling his meal, ) and cleaning up after a meal (this could be one of the following: putting dishes in sink or dishwasher, wiping his table, cleaning counters, putting things away, ) with unlimited prompts for 60% of trials. Client #1 will pack a balanced lunch (veggies, fruit, entree, drink. optional- snack or dessert) for the next day's day program with unlimited prompts for 50% of trials. Client #1 will complete a laundry routine with 0-10 prompts for 50% of trials<br>Routine includes: Gathering laundry and bringing it to the laundry room, Putting laundry in the washer, adding detergent, starting washer, moving clothing from washer to dryer, Emptying Lint Trap, Starting Dryer, removing clothes from dryer, folding/ hanging clothes, and putting away clothing. Client #1 will purchase an item with cash (including choosing an item, bringing it to the register, and counting out the correct amount of money) and ask | |

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| | adjusted."<br><br>2. Observations were conducted in the group home on 4/22/25 from 6:10 am to 7:37 am and from 4:20 pm to 6:00 pm.<br><br>On 4/22/25 client #3 sat in a dining chair with her dining harness on from 6:34 am to 6:57 am without activity. There was no food on the table and no other clients were seated at the table. On 4/22/25 at 5:53 pm, client #3 was seated at the dining table with her dining harness on. Client #3 had finished her meal, and her peers had left the dining room.<br><br>Client #3's record was reviewed on 4/23/25 at 12:55 pm.<br>Client #3's Dining/Aspiration Risk Plan dated October 2024 indicated the following:<br>"Dining Equipment - Dining Harness.<br>- Staff will ensure [client #3] remains upright at 90 degrees for all meals.<br>- Staff will keep [client #3] upright at 90 degrees for 60 - 90 minutes after all meals, drinks, and snacks."<br><br>The review indicated client #3's dining risk plan did not specify when and how the dining harness should be used.<br><br>Direct Support Professional (DSP) #4 was interviewed on 4/22/25 at 5:53 pm and stated, "[Client #3] has to sit up for 30 minutes after she eats. I set a timer for her." DSP #4 stated, "There is no reason for her to sit at the table with the dining harness before she eats."<br><br>The House Manager (HM) was interviewed on 4/22/25 at 6:50 pm and stated, "[Client #3] should be strapped in when she is eating, not until the meal is ready for serving. It should not be there | | for a receipt with 0-5 prompts for 70% of trials. The client's ISP goals will all be updated to meet his needs, and all client's goals in all facilities will be reviewed by the QIDP to ensure they meet their needs by 6/30/25. This will occur across all facilities and will continue on a monthly basis. Client #3: Risk plan for dining / use of harness has been updated to reflect proper time frames and usage. The risk plan for fall / use of gait belt has been updated to reflect proper time frames and usage. In-Person training with all staff in the facility will be completed by June 13, 2025. Risk plans will be updated yearly, as well as with any changes or different needs by the RN and LPN. The QIDP will review all risk plans monthly to ensure they are still appropriate, and request changes as needed. This will occur across all facilities. | |

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| | longer than when she is eating."<br><br>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/24/25 at 2:42 pm and stated, "She should only have the harness on when she is eating and for 30 minutes after. I'm not sure why they would have it on before the meal. It is a restriction to her movement."<br><br>The Residential Director (RD) was interviewed on 4/24/25 at 3:00 pm and stated, "It is a restriction if she's not ready to eat. It should be put on right before serving dinner."<br><br>The Registered Nurse (RN)/Director of Corporate Compliance and Quality Assurance (DCCQA) was interviewed on 4/24/25 at 3:53 pm and stated, "It is a restraint. They should not have it on if she is not eating. There is no need to have it after medications. It is not a full meal. She can get up and walk around."<br><br>9-3-4(a) | | | |
| W 0249<br><br>Bldg. 00 | 483.440(d)(1)<br>PROGRAM IMPLEMENTATION<br><br>Based on observation, record review, and interview for 3 of 3 sample clients (#1, #2, and #3), the facility failed to ensure clients #1, #2, and #3's active treatment programs were implemented at all opportunities.<br><br>Findings include:<br><br>Observations were conducted in the group home on 4/22/25 from 6:10 am to 7:37 am. Clients #1, #2, and #3 were present in the home throughout the observation period. | W 0249 | W249- Program Implementation<br>All staff the home and day program will be retrained on active treatment. This will include person-specific training with their goals, skills, and abilities. This training will include ideas on how to involve clients in meal preparation, meal clean-up, activities, medication administration and education, and prompting clients to engage in activities, games, leisure, etc. | 06/30/2025 |

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| | On 4/22/25 at 6:10 am, client #1 was lying in his bed where he remained until 7:08 am. Client #2 was sitting at the dining room table without activity. Direct Support Professional (DSP) #2 was in the kitchen preparing the morning meal. Client #2 was not prompted or encouraged to participate in an activity. Client #3 was assisted into the medication room by DSP #1 with the use of a gait belt. DSP #1 prepared and administered client #3's medications and did not provide education related to client #3's medications, their purpose, or side effects. Client #3 did not participate in identifying herself, her medications, or their purpose or in preparing or administering her medications. At 6:29 am, client #3 was assisted to the dining table, and DSP #2 put client #3's dining harness on her. The dining harness went across client #3's chest and had two straps over her shoulders attached to the top of the chair back and two straps below her arms connected to the sides of the chair back. The dining harness prevented client #3 from getting out of the chair. Client #3 could not remove the dining harness without staff assistance. Client #3 remained at the table until 6:57 am. From 6:54 am to 6:56 am, client #3 was alone in the dining room. At 6:49 am, client #2 sat at the dining table without activity or prompting. At 6:54 am, client #2 got up from the table and approached the surveyor. Client #2 leaned over the surveyor's written notes and asked, "What's that?" Client #2 continued to ask, "What's that?" Client #2 did not respond to the questions or conversation prompts from the surveyor. At 6:57 am, DSP #2 removed client #3's dining harness. Client #3 got up from the chair and went into the living room. Client #2 was pacing through the home. DSP #2 wiped the kitchen counter. At 7:05 am, DSP #2 prompted client #3 to the dining table and put the dining | | Staff will also be retrained in how often active treatments should occur at home- at every opportunity and prompt an individual at least every 15-20 minutes. Many individuals in this facility refuse to engage in active treatment and/ or have cognitive or physical limitations that prevent them from engaging in some tasks, and staff will be trained on how to encourage engagement, and how to document refusals. This training will occur by 6/30/25 for all staff working in the facility and in day program. Increasing staffing levels at the home will allow for more active treatment as well, as duties can be spread staff. Regular (at least monthly) visits to the home will occur to ensure compliance with active treatment. Observations/ training sessions will be conducted at these visits by the QIDP, Q-Tech, and Residential Trainer. The house manager and team lead will ensure compliance at least weekly. Observations, including training when needed, will occur weekly by the day program manager and team leader. Monthly visits, including observing and correcting active treatment, will be conducted in all facilities going forward. | |

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| | harness on her. Client #2 sat down at the table. DSP #2 assisted clients #2 and #3 to serve their breakfast with hand over hand assistance. At 7:08 am, client #1 went to the table and requested a fried egg on toast. DSP #3 prepared the egg and toast. Client #1 was not prompted or encouraged to make his own breakfast. At 7:18 am, DSP #3 handed client #1 a plate with the prepared egg and toast. At 7:22 am, client #1 put his plate in the sink without staff prompting. At 7:29 am, DSP #2 put client #3's plate in the sink. At 7:33 am, DSP #2 prompted client #2 to put her plate in the sink.<br><br>DSP #2 was interviewed on 4/22/25 at 7:34 am and stated, "Sometimes [client #1] helps with cooking. [Client #2] can mix things." DSP #2 indicated she was not aware of clients #1, #2, and #3's Individual Support Plan (ISP) programs and goals.<br><br>An observation was conducted at the facility owned and operated day program on 4/23/25 from 9:22 am to 10:20 am. Clients #1, #2, and #3 were present in the day program throughout the observation period. On 4/23/25 at 9:22 am, client #1 was seated in a reclining chair. Client #1's head was turned to the side, and his eyes were closed. Client #2 was pacing around the room. Client #3 was in a separate room with large windows and a closed door. Client #3 was standing next to a table, and was chewing on towel. At 9:27 am, staff #1 stated, "We're going to start the news in 5 minutes." At 9:39 am, staff #2 went into the room with client #3 and removed an item from a shelf. Client #2 and another client followed staff #2. Staff #2 did not acknowledge client #3 or prompt for her to engage in an activity. Staff #2, client #2, and the unknown peer left the room. Client #3 remained by the table and continued to chew on the towel. An unknown peer closed to door to the room. At 9:32 am, client #3 was wandering around | | | |

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| | the main day program room. Staff #2 followed client #3 and redirected her away from the staff desks and other peers. Staff #1 greeted all of the clients in the room and began talking about the benefits of removing sugar from a person's diet. Client #1 appeared to be sleeping in the chair. Client #2 was coloring. Client #3 was pacing around the room with staff #2 following her. Clients #1 and #3 were not engaged in the activity and were not encouraged to participate in another activity. At 9:37 am, staff #1 began talking about the death of the pope then read a quote about racism. Client #1 appeared to be asleep. Client #2 was sitting in a chair and was staring at the surveyor. Client #3 was standing in the middle of the room. Clients #1, #2, and #3 were not engaged in the reading of the news and were not encouraged to participate in another activity. At 9:39 am, client #3 began wandering around the room. Client #3 ran into several other clients, squeezed between chairs and the wall, and then attempted to sit down on the floor. As client #3 bumped into her peers, they yelled and attempted to move away from her. Staff #2 followed client #3 and used her gait belt to move her away from her peers and to prevent her from sitting on the floor. Client #3 was not offered an alternate activity. At 9:40 am, staff #1 was talking about a former prison that had been renovated into an apartment building. Client #1 appeared to be asleep. Client #2 was sitting in a chair and was staring off. Client #3 was standing by a table. Clients #1, #2, and #3 were not offered another activity. At 9:49 am, staff #1 stated, "Now, I will play music. Do your thing." Other clients in the room began to walk in a circle around the room until the end of the observation period at 10:20 am. Client #1 remained in the recliner and appeared to be asleep. Client #2 was pacing through the room, and client #3 was sitting in a chair. Clients #1, #2, and #3 | | | |

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| | were not encouraged to participate and were not offered another activity.<br><br>Client #1 was interviewed on 4/23/25 at 10:11 am and stated, "I want to move to my own apartment. I need to learn to cook and keep the house clean. They won't let me cook. I didn't cook much at home because we had a gas stove. I can cook steak on a charcoal grill. I know how to make toast and boiled eggs. I don't know how to make buttered noodles." Client #1 stated, "I don't help with cleaning. I make my bed in the morning. I don't have any chores. I carry things off of the bus and into the house. I know how to wash dishes, but I don't do it now. I don't set the table. I would like to do them." Client #1 stated, "I take 5 pills at 8:00 pm, 3 at 4:30 pm, and 4 in the morning. One is for my tummy. I don't know what the others are for. I want to know why I take them."<br><br>Client #1's record was reviewed on 4/23/25 at 11:18 am.<br>Client #1's Individual Support Plan (ISP) dated 11/21/24 indicated the following programs and goals:<br>"[Client #1] will take a shower and shave his face each morning with 0 - 15 prompts for 60% of trials (Mar. - May).<br>[Client #1] will brush his teeth with 0 - 8 prompts for 60% of trials (Mar. - May).<br>[Client #1] will choose a meal when given two options - what everyone else is having and one backup option - and eat at the table with his peers for dinner with 0 - 12 prompts for 40% of trials (Mar. - May).<br>[Client #1] will pack a balanced lunch (veggies, fruit, entree, drink, optional snack or dessert) for the next day's day program with unlimited prompts for 40% of trials (Mar. - May). | | | |

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| | [Client #1] will make a purchase in the community, including picking out something he wants to buy, taking it to the register, (staff should count out the money he needs unless he chooses to do so,) handing his money over, and asking for a recipe with 0 - 10 prompts for 40% of trials (Mar. - May).<br>[Client #1] will put his dirty clothes in a hamper with 0 - 4 prompts and bring his hamper to the laundry room with 60% accuracy (Mar. - May).<br>[Client #1] will complete a domestic task (wiping the table, loading the dishwasher, folding towels/clothes, taking out trash, bringing trash cans back from the road, sweeping, etc) with unlimited prompts for 50% of trials (Mar. - May)<br>[Client #1] will wipe himself until the toilet paper comes out clean with 0 - 10 prompts for 50% of trials (Mar. - May)."<br><br>2. Client #2's record was reviewed on 4/23/25 at 12:49 pm.<br>Client #2's ISP dated 2/7/25 indicated the following programs and goals:<br>"[Client #2] will take a shower each morning with unlimited prompts for 50% of trials (Mar. - May).<br>[Client #2] will choose an item she would like to buy while at a store and carry it to the register with 0 - 10 prompts for 50% of trials (Mar. - May).<br>[Client #2] will brush her teeth and gums with unlimited staff support for 10 seconds for 50% of trials (Mar. - May).<br>[Client #2] will put her dirty clothing in her hamper with 0 - 10 prompts for 50% of trials (Mar. - May).<br>[Client #2] will put her dirty dishes in the sink after she has finished eating with 0 - 10 prompts for 50% of trials (Feb. - May).<br>[Client #2] will put up her briefs after being changed with 0 - 6 prompts for 60% of trials (Mar. - May).<br>[Client #2] will come to the med (medication) room at med pass with 0 - 8 prompts for 60% of trials | | | |

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| | 15G636 | A. BUILDING 00<br>B. WING | 05/01/2025 |

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| CORVILLA INC | 3202 S FELLOWS<br>SOUTH BEND, IN 46614 |

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| | (April - June).<br>[Client #2] will exit the home with 0 - 10 prompts during a fire drill with 50% accuracy (Jan. - April)."<br><br>3. Client #3's record was reviewed on 4/23/25 at 12:55 pm.<br>Client #3's ISP dated 6/4/24 indicated the following programs and goals:<br>"[Client #3] will use sensory items for 3 minutes daily with 0 - 4 prompts for 60% of trials (Mar. - May).<br>[Client #3] will lift her right leg and then left leg, so staff can put her pants on with 0 - 4 physical prompts for 50% of trials (Feb. - April).<br>[Client #3] will hold her toothbrush while staff hand over hand prompt her to brush her teeth with 0 - 9 cues for 50% of trials (Mar. - April 2025).<br>[Client #3] will sit up when taking her medications with 0 - 3 verbal cues for 90% of trials (Feb. - April)."<br><br>The HM was interviewed on 4/22/25 at 6:50 pm and stated, "Meal preparation is part of active treatment. Staff should encourage them to assist in the kitchen. Coloring and playing ball is some of their goals. Active treatment should be happening all the time. Staff should prompt every 20 minutes. They might say no, but they might do it the next time."<br><br>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/24/25 at 2:42 pm and stated, "Staff should prompt the clients to become engaged in games, activities, ISP goals, and engaging with the staff. I always tell them to prompt every 15 to 20 minutes. They have a lot of activities and stuff they can do. I have seen some improvement, but not as much as I would like."<br><br>9-3-4(a) | | | |

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| W 0250<br><br>Bldg. 00 | 483.440(d)(2)<br>PROGRAM IMPLEMENTATION<br><br>Based on observation, record review, and interview for 3 of 3 sample clients (#1, #2, and #3), the facility failed to ensure clients #1, #2, and #3's active treatment schedules were available to staff.<br><br>Findings include:<br><br>Observations were conducted in the group home on 4/22/25 from 6:10 am to 7:37 am and from 4:20 pm to 6:00 pm. Clients #1, #2, and #3 were present in the home throughout the observation periods.<br><br>Throughout the observation periods, there were no active treatment schedules available to staff in the home.<br><br>The House Manager (HM) was interviewed on 4/22/25 at 6:50 pm. When asked about active treatment schedules, the HM indicated there were none available in the home.<br><br>1. Client #1's record was reviewed on 4/23/25 at 11:18 am and did not include an active treatment schedule.<br><br>2. Client #2's record was reviewed on 4/23/25 at 12:49 pm and did not include an active treatment schedule.<br><br>3. Client #3's record was reviewed on 4/23/25 at 12:55 pm and did not include an active treatment schedule.<br><br>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/24/25 at 2:42 pm and stated, "The schedules should be available to | W 0250 | W250- Program Implementation<br>Active Treatment schedules are updated at least quarterly by the QIDP. The QIDP will ensure these schedules are in each client's binder at their home. These schedules will also be posted on the wall in the medication room for quicker access to staff. Staff at the home will be retrained in active treatment to ensure they understand these schedules and each client's active treatment. This will occur by 6/30/25. The QIDP will monitor that active treatment schedules are current and available in this home, and all facilities by 6/30/25. Active treatment schedules will be updated as needed and at minimum quarterly by the QIDP. | 06/30/2025 |

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| | staff."<br><br>The Residential Director (RD) was interviewed on 4/24/25 at 3:00 pm and stated, "The schedules should be available at the house."<br><br>The Registered Nurse (RN)/Director of Corporate Compliance and Quality Assurance (DCCQA) was interviewed on 4/24/25 at 3:53 pm and stated, "Staff do need to know what is going on. They should have access to the schedules."<br><br>9-3-4(a) | | | |
| W 0322<br><br>Bldg. 00 | 483.460(a)(3)<br>PHYSICIAN SERVICES<br><br>Based on record review and interview for 1 of 3 sample clients (#1), the facility failed to ensure client #1 had vision and hearing exams completed within 30 days of admission to the group home.<br><br>Findings include:<br><br>Client #1's record was reviewed on 4/23/25 at 11:18 am and indicated an admission date of 10/18/24. Client #1's record did not include documentation of a hearing or vision exam.<br><br>The Residential Director (RD) was interviewed on 2/24/25 at 3:00 pm and stated, "Vision and hearing exams should be completed within 30 days of admission."<br><br>The Registered Nurse (RN)/Director of Corporate Compliance and Quality Assurance (DCCQA) was interviewed on 4/24/25 at 3:53 pm and stated, "They are supposed to be done within 30 days." | W 0322 | W322 – Physician Services Admission Policy has been reviewed. Policy will be updated to reflect Physician services schedule per State regulations. Health and Wellness Coordinators, Nurses, QIDP's and Residential Director will be trained by June 6, 2025. The policy will be in effect as of June 6, 2025. Client #1: Vision appointment 1/22/25 and Dental appointment 6/30/2025. Client #2: Vision appointment was 3/26/25 and Dental appointment was 5/9/25. The admissions policy of scheduling appointments within 30 days of admission will be enforced by the Health/ Wellness Coordinators and monitored by the DCCQA/RN and Residential Director with each new client's admission. This will occur for all | 06/06/2025 |

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| | 9-3-6(a) | | facilities. | |
| W 0351<br><br>Bldg. 00 | 483.460(f)(1)<br>COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE<br><br>Based on record review and interview for 2 of 3 sample clients (#1 and #2), the facility failed to ensure clients #1 and #2 had dental exams completed within 30 days of admission to the group home.<br><br>Findings include:<br><br>1. Client #1's record was reviewed on 4/23/25 at 11:18 am and indicated an admission date of 10/18/24.<br>Client #1's record did not include documentation of a dental exam.<br><br>2. Client #2's record was reviewed on 4/23/25 at 12:49 pm and indicated an admission date of 12/27/24.<br>Client #2's record did not include documentation of a dental exam.<br><br>The Residential Director (RD) was interviewed on 4/24/25 at 3:00 pm and stated, "The dental visits should be done within 30 days of admission."<br><br>The Registered Nurse (RN)/Director of Corporate Compliance and Quality Assurance (DCCQA) was interviewed on 4/24/25 at 3:54 pm and stated, "Dental exams need to be done within 30 days."<br>The RN/DCCQA stated, "[Client #1] was supposed to have his in February, but he had the flu, and it needed to be rescheduled."<br><br>9-3-6(a) | W 0351 | W351- Comprehensive Dental Diagnostic Service<br>Admission Policy has been reviewed. Policy will be updated to reflect Physician services schedule per State regulations. Health and Wellness Coordinators, Nurses, QIDP's and Residential Director will be trained by June 6, 2025. The policy will be in effect as of June 6, 2025. Client #1: Vision appointment 1/22/25 and Dental appointment 6/30/2025. Client #2: Vision appointment was 3/26/25 and Dental appointment was 5/9/25. The admissions policy of scheduling appointments within 30 days of admission will be enforced by the Health/ Wellness Coordinators and monitored by the DCCQA/RN and Residential Director with each new client's admission. This will occur for all facilities. | 06/06/2025 |

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| W 0362<br><br>Bldg. 00 | 483.460(j)(1)<br>DRUG REGIMEN REVIEW<br><br>Based on record review and interview for 3 of 3 sample clients (#1, #2, and #3), the facility failed to ensure clients #1, #2, and #3's medications were reviewed by a pharmacist at least quarterly.<br><br>Findings include:<br><br>1. Client #1's record was reviewed on 4/23/25 at 11:18 am and did not include any pharmacist reviews of his medications since his admission to the group home on 10/18/24.<br><br>2. Client #2's record was reviewed on 4/23/25 at 12:49 pm and did not include any pharmacist reviews of her medications since her admission to the group home on 12/27/24.<br><br>3. Client #3's record was reviewed on 4/23/25 at 12:55 pm and did not include any pharmacist reviews of her medications since 4/1/24.<br><br>The Residential Director (RD) was interviewed on 4/24/25 at 3:00 pm and stated, "We just got [new pharmacy provider] in January. It should have been done in March if it is quarterly. It might have been put on the back burner."<br><br>The Registered Nurse (RN)/Director of Corporate Compliance and Quality Assurance (DCCQA) was interviewed on 4/24/25 at 3:53 pm and stated, "The review should be done quarterly. The representative said there is a third party person who we can contact. We will start those."<br><br>9-3-6(a) | W 0362 | p="" paraid="82809341" paraeid="{ff1d40fb-d16d-4f34-a3dc-295a1b45a5d6}{102}"<br>W0362- Drug Regimen Review-<br>Going forward, the RN will ensure that a pharmacist will provide input from the interdisciplinary team by reviewing the drug regimen for each client at least quarterly. The RN has reached out to ActualMeds Corporation to provide consultation with Pharmacists Services. Once secured, quarterly pharmacy reviews will occur for all clients who take medication by June 30th, 2025. The RN will monitor and record quarterly reviews. This will be implemented at this facility and all group homes. | 06/30/2025 |

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| W 0382<br><br>Bldg. 00 | 483.460(l)(2)<br>DRUG STORAGE AND RECORDKEEPING<br><br>Based on observation and interview for 3 of 3 sample clients (#1, #2, and #3), plus 5 additional clients (#4, #5, #6, #7, and #8), the facility failed to ensure clients #1, #2, #3, #4, #5, #6, #7, and #8's medications were stored in a secure location.<br><br>Findings include:<br><br>An observation was conducted in the group home on 4/22/25 from 6:10 am to 7:37 am. Clients #1, #2, #3, #4, #6, #6, #7, and #8 were present in the home throughout the observation period.<br><br>On 4/22/25 at 6:10 am, the door to the medication room was open. Client #1, #2, #3, #4, #5, #6, #7, and #8's medications were stored on open shelves in the medication room and were not locked. At 6:15 am, Direct Support Professional (DSP) #1 closed and locked the door.<br><br>The House Manager (HM) was interviewed on 4/22/25 at 6:50 pm and stated, "The medication room door should be locked at all times. It should not be left open. It is for safety with the medications."<br><br>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/24/25 at 2:42 pm and stated, "Medications should be stored behind a locked door. Staff should shut and lock the door."<br><br>The Residential Director (RD) was interviewed on 4/24/25 at 3:00 pm and stated, "The medication room should always be locked." | W 0382 | W382- Drug Storage and Recordkeeping All staff will be retrained by our RN/ DCCQA and QIDP on medication administration and storage. This will include on keeping the medication room door closed at all times except when medications are being prepared for administration. Regular (at least monthly) checks will be conducted to ensure all medications are in a safe, locked location by the QIDP or DCCQA/RN. The Q-Tech, team lead, and house manager will spot check that the door is closed at least weekly and correct anyone who has left the door open. The maintenance director will be installing an automatic door closer on the medication room door to ensure that the door shuts behind staff. The door locks automatically. This will provide less room for errors. Weekly and monthly check-ins will occur across all homes. Training will be completed by 6/30/25 for all staff who work . | 06/30/2025 |

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| | The Registered Nurse (RN)/Director of Corporate Compliance and Quality Assurance (DCCQA) was interviewed on 4/24/25 at 3:53 pm and stated, "The medication door self locks. The staff should shut the door when they leave the med room."<br><br>9-3-6(a) | | | |
| W 0383<br><br>Bldg. 00 | 483.460(l)(2)<br>DRUG STORAGE AND RECORDKEEPING<br><br>Based on observation and interview for 3 of 3 sample clients (#1, #2, and #3), plus 5 additional clients (#4, #5, #6, #7, and #8), the facility failed to ensure the key to clients #1, #2, #3, #4, #5, #6, #7, and #8's medication storage area was kept in a secure location.<br><br>Findings include:<br><br>Observations were conducted in the group home on 4/22/25 from 6:10 am to 7:37 am and from 4:20 pm to 6:00 pm. Clients #1, #2, #3, #4, #5, #6, #7, and #8 were present in the home throughout the observation periods.<br><br>Throughout the observation periods, the key to the medication room was hanging from a string next to the medication room door.<br><br>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/24/25 at 2:42 pm and stated, "The key should be stored in a secure location where clients can't get to it or on staff's person. A string is not secure."<br><br>The Residential Director (RD) was interviewed on 4/24/25 at 3:00 pm and stated, "Hanging from a string is not secure." | W 0383 | W383- Drug Storage and Recordkeeping<br>The key to the medication room should always be stored in a safe and secure location. Staff will receive retraining on this by 6/30/25. The key is now being stored in a lockbox located next to the med room door. This lockbox requires a code to be opened, that only staff for this home know. It can be changed at any time should the code become compromised. The house manager and team lead will be responsible for ensuring the key is kept in the lockbox at all times when not in use. They will complete spot-checks at least twice weekly. The QIDP, Q-Tech, or DCCQA/ RN will complete spot checks at least monthly to ensure the key is in the lockbox and provide corrective feedback if needed. This will occur in this facility and all facilities. | 06/30/2025 |

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| | The Registered Nurse (RN)/Director of Corporate Compliance and Quality Assurance (DCCQA) was interviewed on 4/24/25 at 3:53 pm and stated, "The key should be on staff's person or in a secure location. Hanging on a string is not secure."<br><br>9-3-6(a) | | | |
| W 0454<br><br>Bldg. 00 | 483.470(l)(1)<br>INFECTION CONTROL<br><br>Based on observation, record review, and interview for 3 of 3 sample clients (#1, #2, and #3), plus 5 additional clients (#4, #5, #6, #7, and #8), the facility failed to ensure staff working in the home implemented universal precautions in regards to hand washing for clients #1, #2, #3, #4, #5, #6, #7, and #8.<br><br>Findings include:<br><br>Observations were conducted in the group home on 4/22/25 from 6:10 am to 7:37 am and from 4:20 pm to 6:00 pm. Clients #1, #2, #3, #4, #5, #6, #7, and #8 were present in the home throughout the observation periods.<br><br>1. On 4/22/25 at 6:12 am, Direct Support Professional (DSP) #1 went into the medication room with client #3. DSP #1 put on gloves without washing or sanitizing her hands first. DSP #1 prepared client #3's medications and administered them with a spoon. DSP #1 did not prompt or encourage client #3 to wash or sanitize her hands before taking her medications.<br><br>2. On 4/22/25 at 6:54 am, DSP #2 was in the kitchen preparing the morning meal. DSP #2 prompted | W 0454 | W454- Infection Control<br>All staff in the home will be retrained on our Infection Control policy. This training will occur no later than 6/13/25. The training will include universal precautions, when to change gloves, and when to wash hands. This will also include retraining on encouraging clients to wash their hands before med passes, after toileting, and before meals. Spot checks will be conducted by the QIDP, QIDP-Tech, Residential Trainer, DCCQA, House Manager, and Team Lead at least twice per month per home. If a staff member is found to be out of compliance with the infection control policy, retraining will occur, and disciplinary action will be considered. This will stand for this facility and all facilities. Training going forward will occur annually and upon hire for all facilities. | 06/13/2025 |

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| | client #2 to the bathroom. DSP #2 followed client #2 to the bathroom. DSP #2 returned to the kitchen at 6:56 am and continued cooking clients #2, #3, #4, #5, #6, #7, and #8's breakfast. DSP #2 did not change her gloves or wash or sanitize her hands.<br><br>3. At 7:05 am, clients #2, #3, #4, #5, #6, #7, and #8 were prompted to the dining table for breakfast. Clients #2, #3, #4, #5, #6, #7, and #8 were not encouraged to wash or sanitize their hands before eating breakfast.<br><br>4. At 7:08 am, client #1 went to the table for breakfast and was not encouraged to wash or sanitize his hands before eating.<br><br>The House Manager (HM) was interviewed on 4/22/25 at 6:50 pm and stated, "Staff have to prompt the clients to wash their hands. They cannot do it on their own. Staff have to change their gloves when helping one resident then another. They have to take off their gloves in the bathroom and wash their hands. When they go to the kitchen, they have to wash their hands again and put on clean gloves."<br><br>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/24/25 at 2:42 pm and stated, "Staff should help them wash their hands before medication passes and before meals. Staff should prompt if they don't do it independently. Staff should be washing their hands before meals, before preparing medications, and between medication passes, and after helping someone with hygiene. They should change gloves and wash their hands when leaving the bathroom."<br><br>The Residential Director (RD) was interviewed on 4/24/25 at 3:00 pm and stated, "Staff should do | | | |

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| | hand over hand for hand washing. We can use hand sanitizer if there are physical limitations. We need to make sure it is take care of before medication passes and meal time and after toileting. Staff should wash their hands at the same times. They should change their gloves after assisting in the bathroom."<br><br>The Registered Nurse (RN)/Director of Corporate Compliance and Quality Assurance (DCCQA) was interviewed on 4/24/25 at 3:53 pm and stated, "Staff should encourage clients to wash their hands before eating, after if their hands are messy, before and medication, before and after the bathroom. Staff should be washing their hands all day long. Between clients, before and after food preparation, before and after medication, cleaning, laundry. If they wear gloves, they should change them between people. They should take the gloves off, wash or sanitize their hands, then put on new gloves."<br><br>9-3-7(a) | | | |
| W 0488<br><br>Bldg. 00 | 483.480(d)(4)<br>DINING AREAS AND SERVICE<br><br>Based on observation, record review and interview for 3 of 3 sample clients (#1, #2, and #3), the facility failed to ensure clients #1, #2, and #3 were encouraged to participate in preparing their own meals.<br><br>Findings include:<br><br>Observations were conducted in the group home on 4/22/25 from 6:10 am to 7:37 am and from 4:20 pm to 6:00 pm. Clients #1, #2, and #3 were present in the home throughout the observation periods. | W 0488 | W488- Dining Areas and Service<br>All staff the home and day program will be retrained on active treatment. This will include person-specific training with their goals, skills, and abilities. This training will include ideas on how to involve clients in meal preparation, meal clean-up, activities, medication administration and education, and prompting clients to engage in activities, games, leisure, etc. | 06/30/2025 |

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| | 15G636 | A. BUILDING 00<br>B. WING | 05/01/2025 |

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| | On 4/22/25 at 6:10 am, Direct Support Professional (DSP) #2 was in the kitchen preparing the morning meal with no client assistance. The table was set for breakfast. DSP #1 was administering medications, and DSP #3 was assisting clients with morning hygiene. Client #1 was in his bedroom, lying in his bed, and client #2 and #3 were wandering through the living room. At 6:34 am, DSP #1 was preparing the morning meal without assistance. Client #1 was lying in his bed. Client #2 was sitting at the dining table without activity. Client #3 was sitting at the dining table with a dining harness on. Client #3's dining harness fit over her chest with one strap over each shoulder attached to the top of the backrest of the chair and one strap under each arm attached to the back of the chair. The dining harness prevented client #3 from getting up from the chair. At 6:41 am, DSP #2 was preparing the morning meal, and DSP #3 was putting prepared lunches into lunch bags for each client. No clients were encouraged to assist. At 6:46 am, DSP #2 poured milk into cups without client assistance. At 6:49 am, client #1 was lying in his bed, and clients #2 and #3 were sitting at the dining table without activity. At 6:54 am, client #2 got up from the table and approached the surveyor. Client #2 stood next to the surveyor, pointed at her written notes, and stated, "What's that?" Client #2 continued to repeat, "What's that?" Client #2 did not respond to questions or conversation prompts from the surveyor. DSP #2 prompted client #2 to go to the bathroom. Client #3 was sitting alone at the table with the dining harness on. At 6:56 am, DSP #2 returned to the kitchen and continued preparing the morning meal. At 6:57 am, DSP #2 removed client #3's dining harness. Client #3 got up from the table and went into the men's living room. Client #1 | | Staff will also be retrained in how often active treatments should occur at home- at every opportunity and prompt an individual at least every 15-20 minutes. Many individuals in this facility refuse to engage in active treatment and/ or have cognitive or physical limitations that prevent them from engaging in some tasks, and staff will be trained on how to encourage engagement, and how to document refusals. This training will occur by 6/30/25 for all staff working in the facility and in day program. Increasing staffing levels at the home will allow for more active treatment as well, as duties can be spread staff. Regular (at least monthly) visits to the home will occur to ensure compliance with active treatment. Observations/ training sessions will be conducted at these visits by the QIDP, Q-Tech, and Residential Trainer. The house manager and team lead will ensure compliance at least weekly. Observations, including training when needed, will occur weekly by the day program manager and team leader. Monthly visits, including observing and correcting active treatment, will be conducted in all facilities going forward. | |

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| | was lying in his bed, and client #2 was pacing through the home. DSP #2 wiped the kitchen counter then rinsed the rag in the sink. At 7:05 am, DSP #2 directed client #3 to the kitchen table and put on the dining harness. Client #2 sat down at the table. Client #1 walked into the kitchen, removed juice from the refrigerator, and poured himself a cup without assistance. DSP #2 removed aluminum foil from the prepared food and set the serving bowls on the table. Client #1 stated, "Can I have a fried egg on bread?" DSP #3 prepared a fried egg on toast for client #1 and did not prompt or encourage him to assist. DSP #1 assisted clients #2 and #3 in serving their own food with hand over hand assistance. Clients #2 and #3 ate their meals independently. At 7:18 am, DSP #3 gave client #1 a plate with toast and eggs on it. At 7:22 am, client #1 finished eating, put his plate in the sink, and went back to his bedroom. At 7:29 am, DSP #2 put client #3's plate in the sink and gave her a cup of milk. At 7:33 am, client #2 finished eating, and DSP #2 prompted her to put her plate in the sink. DSP #2 assisted client #2 in wiping her mouth.<br><br>DSP #2 was interviewed on 4/22/25 at 7:34 am and stated, "Sometimes [client #1] helps with cooking. [Client #2] can mix things. We bring them in one by one to sit at the table and watch what we are doing."<br><br>On 4/22/25 at 4:20 pm, there were bowls of food, covered in aluminum foil, sitting on the kitchen counter. The table was set. At 5:12 pm, DSP #4 put bowls of prepared food in the microwave. DSP #4 did not encourage any clients to assist in warming up the food. At 5:21 pm, clients #2 and #3 were assisted in serving themselves with hand over hand assistance. Client #1 remained in his room. On 4/22/25 at 5:29 pm, the House Manager | | | |

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| | (HM) stated, "[Client #1] said he would eat later. He had snacks when he got home." At 5:41 pm, client #1 sat down at the table and requested food. DSP #4 prepared a plate of food and put it in the microwave then gave it to client #1 at the table. Client #1 was not encouraged to prepare his own plate. At 5:46 pm, client #2 put her plate in the sink and wiped her mouth with staff prompting. DSP #4 put client #3's plate in the sink. DSP #4 stated, "[Client #3] sits at the table for 30 minutes after eating. We keep the dining harness on, so she sits upright."<br><br>DSP #4 was interviewed on 4/22/25 at 4:52 pm and stated, "They're having chicken tenders, potato salad, and broccoli. The cooking is done before they get home. They do not assist."<br><br>The HM was interviewed on 4/22/25 at 6:50 pm and stated, "We don't do dinner the way we are supposed to. With two staff, we can't cook, pass medications, and provide supervision."<br><br>Client #1 was interviewed on 4/23/25 at 10:11 am and stated, "They won't let me cook here. At home, I made steaks on the charcoal grill. I know how to make toast. I can boil eggs. I don't know how to make buttered noodles."<br><br>The Residential Director (RD) was interviewed on 4/24/25 at 3:00 pm and stated, "Clients could help get the lunches out of the refrigerator. I would like to see the overnight prepping the meals. When they get home from day program, they could pull the meal out, and the clients could be a part of the evening meal. Even it it was pre-cooked, they could be a part of it. We would have to look at the skill level to see what they can contribute at meal time. There are opportunities at all junctures of the day for them to participate." | | | |

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| | The Registered Nurse (RN)/Director of Corporate Compliance and Quality Assurance (DCCQA) was interviewed on 4/24/25 at 3:53 pm and stated, "Clients should be involved in meal preparation if they are able. If they can understand and be helpful."<br><br>9-3-8(a) | | | |