

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G636	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2021
NAME OF PROVIDER OR SUPPLIER CORVILLA INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3202 S FELLOWS SOUTH BEND, IN 46614		
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W 0000 Bldg. 00	<p>This visit was for a predetermined full recertification and state licensure survey. This visit included the COVID-19 focused infection control survey.</p> <p>This visit was done in conjunction with the investigation of complaint #IN00359014.</p> <p>Dates of Survey: September 1, 2, 7, 8, and 9, 2021.</p> <p>Facility Number: 001212 Provider Number: 15G636 Aims Number: 100240190</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 9/30/21.</p>	W 0000		
W 0130 Bldg. 00	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 2 of 3 sample clients (A and C), the facility failed to provide clients A and C privacy while caring for their personal needs.</p> <p>Findings include:</p> <p>Observations were conducted on 9/1/21 from 4:22 pm through 6:30 pm. Clients A and C were</p>	W 0130	Corvilla staff will be retrained on clients rights, which includes privacy when dressing and using the restroom, when dressing, etc. Staff will ensure that privacy is being respected at all times. This applies to all group homes. The house manager and QIDP will do random checks on all shifts to ensure that privacy is being	10/07/2021

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

TITLE

(X6) DATE

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

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	<p>present throughout the observation periods.</p> <p>On 9/1/21 at 5:00 pm, Direct Support Professional (DSP) #2 prompted client C to go to the bathroom. Client C went into the bathroom and DSP #2 followed her and shut the door. At 5:05 pm, House Manager (HM) #1 prompted client A to brush her teeth. The bathroom door was shut and DSP #2 and client C were still inside. HM #1 opened the door fully and prompted client A to go into the bathroom. HM #1 left the door open. Client C was completely undressed and was sitting on the toilet. HM #1 assisted client A to brush her teeth then took her out of the bathroom. DSP #2 closed the door behind HM #1 and client A.</p> <p>At 5:21 pm, DSP #2 assisted client A, wrapped in a towel, from the bathroom to her bedroom, shared with client C. Client A sat on her bed while DSP #2 dressed her. Client C was in her bed watching DSP #2 and client A. The bedroom door was open.</p> <p>DSP #3 was interviewed on 9/1/21 at 5:46 pm and stated, "We're supposed to close the door while assisting clients with hygiene. Sometimes we stay with them. Sometimes we stay outside, but the door should be closed. We shouldn't dress or toilet anyone with other clients or staff in the room."</p> <p>DSP #2 was interviewed on 9/1/21 at 6:13 pm and stated, "Most of [the clients] do not care about privacy. They won't shut the door themselves. We shut the door for them. They don't care if someone else is in the room with them."</p> <p>Qualified Intellectual Disabilities Professional</p>		followed appropriately.	

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W 0149 Bldg. 00	<p>(QIDP) #1 was interviewed on 9/2/21 at 12:01 pm and stated, "Staff should close the doors at all times. They should make sure there is no one else in the room while dressing and helping with toileting."</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 2 of 3 sample clients (A and C), the facility failed to implement its written policies and procedures to prevent abuse and neglect of client A and neglect for client C.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 9/1/21 at 1:06 pm.</p> <p>1. A BDDS report dated 1/7/21 indicated the following: "On 1/7/21, staff went into the kitchen who in (sic) non verbal with bread in her mouth when staff got closer to [client A] staff noted that [client A] was choking on the bread that was in her mouth and her lips had started turning blue. Staff immediately alerted other staff for help and followed the choking protocol per our agency. Staff immediately started with back blows, the back blows were unable to dislodge the bread [client A] was choking on. Staff then started the Heimlich Maneuver (abdominal thrusts), the</p>	W 0149	Staff will be retrained on all high risk plans for all clients, including dining risk plans. Staff will attend a training with the dietician which includes how to properly serve pureed vs mechanical soft consistencies. Staff will be retrained on how to effectively follow a dining plan, which would include sitting with an individual until they have finished eating. All ANE reports, including reports of choking, will be investigated by the Director of Corporate Compliance. Risk plans will be revised if necessary, and corrective action will take place after choking incidents. Human Rights Restrictions will be completed with guardian approval if necessary. Staff will be retrained on diet plans and appropriately surveying meal times when individuals have a choking plan, which would include sitting with the individual and observing signs of choking until	10/08/2021

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	<p>bread became dislodged and staff were able to sweep the rest of the bread out of her mouth without issue. [Client A's] color came back to her lips and [client A] did not appear to be distressed from the choking incident. [Client A] was then sent out to the ER (emergency room) with a staff member to be further evaluated. [Client A's] current diet is mechanical soft ground texture per her guardian's request and current doctor's order from 3/20/20, she had previously been on a pureed diet per recommendations of her last swallow, dietitian evaluation, and doctor's order."</p> <p>An investigation dated 1/8/21 indicated the following:</p> <p>"Conclusion: Staff present followed training they received in their CPR (cardiopulmonary resuscitation)/First Aid course and acted appropriately for the emergency. Staff and nurse will monitor [client A] for any effects from this incident and follow-up with PCP (primary care physician) if needed.</p> <p>Recommendations:</p> <p>It was determined that the bread in the home needs to be locked up. This has been on (sic) ongoing issue with [client A] as she attempts to eat bread not prepared properly on a regular basis as well as other foods. However, bread is the main item [client A] seeks, and this restriction will reduce any future choking incidents. This needs the approval of all guardians in the home since it is a restriction for everyone living in the home and needs approval then through Corvilla's Human Rights Committee (HRC)."</p> <p>2. A BDDS report dated 1/28/21 indicated the following:</p> <p>"On 1/27/21 when staff was helping another</p>		<p>they have completed their meal. Corvilla staff are trained on ANE upon hire, including reporting ANE to the director of corporate compliance. Staff will be retrained on the appropriate action of reporting ANE, which would be immediately. This applies to all group homes.</p> <p>The Director of Corporate compliance will ensure that investigations will be completed. The QIDP and company nurse will ensure that staff are being retrained and that revisions are being made to the choking plans if applicable. This applies to all group homes.</p>	

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	<p>client (sic) heard [client A] in the kitchen they went into the kitchen and found [client A], who is non-verbal, with leftover pizza (from the day prior's meal) in her mouth and realized that [client A] was choking on the pizza. Staff immediately alerted other staff for help and followed the choking protocol per our agency. Staff immediately started with back blows, the back blows were unable to dislodge the bread [client A] was choking on. Staff then started the Heimlich Maneuver, the pizza was then able to be dislodged and swept out of the mouth without issues. [Client A] did not appear to be distressed from the choking incident. Due to our agency protocol, [client A] was sent out to the ER with a staff member to be further evaluated. While at the hospital, a chest x-ray was completed and [client A] had no signs of aspiration and was discharged back to (sic) group home with the following discharge instructions: 'Follow up with PCP within 7-10 days from ER visit. [Client A's] current diet is mechanical soft ground beef texture per her guardian's request and current doctor's order from 3/20/20, she had previously been on a pureed diet per recommendations of her last swallow, dietitian evaluation and doctor's order. [Client A] is allowed to have pizza at meal times with supervision as long as it's cut up into small, bite size pieces with extra sauce."</p> <p>An investigation dated 1/28/21 indicated the following:</p> <p>"Conclusion: Staff present followed training they received in their CPR/First Aid course and acted appropriately for the emergency. Staff and nurse will monitor [client A] for any effects from this incident and follow-up with PCP if needed.</p> <p>Recommendations: It was determined that the bread in the home needs to be locked up. This</p>			

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	<p>was approved through Human Rights Committee on 1/7/21. This has been on (sic) ongoing issue with [client A] as she attempts to eat bread or bread items not prepared properly on a regular basis as well as other foods. Any leftovers need to be made to the proper consistency of everyone in the home or just not saved and thrown away."</p> <p>Corporate Compliance and Quality Assurance Director (CCQAD) #1 was interviewed on 9/2/21 at 12:22 pm and stated, "Staff should keep the bread locked in the office refrigerator and should observe [client A] at all times. The previous QIDP (Qualified Intellectual Disabilities Professional) was supposed to retrain the staff. That was my recommendation. I don't know if she actually did it or not."</p> <p>3. A BDDS report dated 4/7/21 indicated the following:</p> <p>"On 4/6/21 at around 1:15 pm, it was reported to the Residential Director and CCQA (Corporate Compliance and Quality Assurance) Director, about an incident that occurred on 4/2/21 at lunchtime. Staff reported that another [Direct Support Professional (DSP) #9] was eating her lunch. [Client A] was standing beside [DSP #9] and trying to get her lunch. [DSP #9] was eating sushi with wasabi sauce. [DSP #9] gave [client A] some of the wasabi sauce. [Client A] cannot determine if something is hot or spicy prior to eating it. [Client A] immediately drank a glass of water and went running out of the kitchen. [DSP #9] said that maybe next time [client A] will not bother her for her food. [DSP #9] was laughing after the incident. Once notified on 4/6/21, [DSP #9] was suspended pending investigation. Two other staff were present in addition to [DSP #9] and the reporting staff. The other two staff</p>			

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	<p>confirmed the incident when interviewed. [DSP #9] was also interviewed and confirmed that this is an accurate account of the incident.</p> <p>It was determined through the witnesses and the staff's account that [DSP #9] willfully inflicted pain on [client A] which is abuse. [DSP #9] was also emotionally abusive by laughing at [client A] after the incident. The staff was also using this as a punishment for attempting to eat the food.</p> <p>Corvilla does not tolerate abuse of and any use of aversive techniques. Therefore, [DSP #9] was terminated."</p> <p>CCQAD #1 was interviewed on 9/2/21 at 12:22 pm and stated, "Staff should report to administration immediately when they suspect abuse or neglect. We retrained all of the staff on abuse and neglect." CCQAD #1 stated, "There was an investigation. I think it just wasn't written down. We terminated the staff."</p> <p>4. A BDDS report dated 6/17/21 indicated the following:</p> <p>"On 6/16/21, SGL (supported group living) staff had prepared another client's medication and had left the door open while she went to get the client for his 4 pm medication. In that short period of time, [client A] went into the medication room and swiped the client's medication from the cup and ate the tablet before staff was able to get the tablet out of her mouth. [Client A] had swallowed 1 tablet of Carbamazepine (used to treat seizures, nerve pain, and bipolar disorder), 200 mg (milligrams). SGL staff called the agency nurse immediately. SGL staff were given side effects to watch for and if any abnormal findings were noted, SGL staff were to call the agency nurse back for further instructions. Doctor has been notified and no new instructions were given. [Client A]</p>			

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	<p>has had no ill side effects from taking 1 tablet of this medication."</p> <p>CCQAD #1 was interviewed on 9/2/21 at 12:22 pm and stated, "The client should be in the medication room with the door shut for privacy. The wheelchairs fit in there. We built that room specifically so clients could get in and out easily. Staff should not be passing medications outside of the medication room. The room should be locked when staff are not inside." CCQAD #1 indicated there was no investigation for client A taking unattended medications.</p> <p>5. A BDDS report dated 7/26/21 indicated the following: "Staff were prepping lunches at day program when [client A] grabbed another client's sandwich and stuffed it in her mouth. [Client A] is currently on a mechanical soft diet in which food is prepared in a ground beef texture. [Client A] then ran from staff laughing as they were trying to stop her. [Client A] then started choking on the sandwich and staff followed the choking protocol and started back blows and were able to sweep the large chunk of sandwich out of [client A's] mouth. [Client A] did not appear to be in distress from this incident but per protocol was sent out to urgent care via staff to be further evaluated."</p> <p>A related investigation dated 7/27/21 indicated the following: "Conclusion: It appears staff followed appropriate care protocols when [client A] began choking. Based on the staff's comments, staff are not sitting with the individuals while they are eating all the time. Recommendations:</p>			

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	<p>Going forward, after talking to [day program staff #1, #2, and #3] this will be enforced at all locations. Staff will be sitting or standing by each table to assist anyone in the future. It was further discussed; all staff need to be in the dining area during all meals, including snacks, unless they are passing medications. [Client A] will be monitored by a designated staff if she finishes her meal before others and begins walking around the area."</p> <p>6. A BDDS report dated 7/29/21 indicated the following: "Staff were preparing lunches in Day Program when [client C] grabbed another client's fish and stuffed it in her mouth. She is currently on mechanical soft diet. Staff then had to give her back blows and were able to sweep the fish out of her mouth. [DSP C] did not appear to be in distress from this, but, per protocol, was sent out to urgent care via staff to be further evaluated."</p> <p>An investigation dated 7/29/21 indicated the following: "Conclusion: Proper care for choking was followed. However, staff are still not monitoring the food and tables with persons at an appropriate level.</p> <p>Recommendations: On 8/2/21, [Licensed Practical Nurse (LPN) #1] and [Day Program Staff #1, #2, and #3], all from day services, met and discussed the need for monitoring lunches better. It was discussed to have a staff at all tables at all times during any eating times."</p> <p>7. A BDDS report dated 8/7/21 indicated the following: "At 10:00 pm on 8/6/21, it was reported by staff to the Compliance Officer that earlier on 8/6/21,</p>			

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	<p>at around 8:00 am [Direct Support Professional (DSP) #8] was verbally abusive toward [client A]. The reporting staff stated that [DSP #8] said to [client A], 'Come over here and see what happens to you.' Upon hearing this, [DSP #8] was immediately suspended pending further investigation."</p> <p>A related investigation dated 8/9/21 indicated the following: "Conclusion: It is believed, based on [DSP #2's] statement that [DSP #8] did threaten [client A]. This is considered verbal abuse. Abuse of any kind violates Corvilla's policy and violates the rights of the persons served. Therefore, [DSP #8] was terminated from Corvilla on 8/9/21 for substantiated verbal abuse.</p> <p>Recommendations: Staff was terminated for verbal abuse specifically a verbal threat against [client A]."</p> <p>Client A's record was reviewed on 9/1/21 at 2:11 pm. Client A's Risk Management Plan/Dining dated 6/2020 indicated the following:</p> <ul style="list-style-type: none"> "1. Risk Involved a. Choking b. Aspiration.... 2. Diet Instructions a. Mechanical soft diet (per family request). 3. Staff Guidelines a. Thin liquids. b. Medication whole with a drink. c. 1 on 1 supervision required for all meals. d. Allow extra time to swallow. e. Sit upright for all oral intake. f. Remain in upright position for at least 30 min (minutes) after eating or drinking. g. Remind client to slow down while eating. 			

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	<p>h. Small bites at a time.</p> <p>i. Anytime [client A] eats or swallows something that is not within diet plan, staff must do a GER (general event report) and start an aspiration sheet."</p> <p>Client C's record was reviewed on 9/1/21 at 2:24 pm.</p> <p>Client C's Risk Management Plan/Dining dated 6/2021 indicated the following:</p> <p>"1. Risk Involved</p> <ul style="list-style-type: none"> a. Choking b. Aspiration.... <p>2. Diet Instructions</p> <ul style="list-style-type: none"> a. Mechanical soft, ground beef texture. b. Medication whole with liquid. c. Staff to ensure that [client C] receives 1/4 c (cup) of BAP (bran flakes, applesauce, and prune juice) 2 x daily. c. (sic) Supervision during all meals. d. Thin liquids (staff to ensure [client C] drinks 6-8 oz (ounces) of water with each meal). e. Remain at upright position 90%, 30 min after a meal. f. Oral hygiene after each meal. g. Notify nurse of any and all choking incident immediately. <p>h. Anytime [client C] eats or swallows something that is not within diet plan, staff must do a GER and start an aspiration sheet."</p> <p>Day service staff #1 was interviewed on 9/2/21 at 11:25 am and stated, "I was trained on [client A's] plans a long time ago. I haven't been retrained since [client A's] last choking incident."</p> <p>Day service staff #1 stated, "We feed [client A] later than everyone else, so she doesn't run around and grab their food when she is finished."</p> <p>Day service staff #1 stated, "[Client A] is supposed to have her food served in mechanical</p>			

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	<p>soft texture. We make sure to watch her. Her eating is fine. The only problem is when she grabs other people's food."</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 9/2/21 at 12:01 pm and stated, "Day service staff should have been trained on [clients A and C's] plans. We requested training on their high risk plans for choking and dining."</p> <p>Corporate Compliance and Quality Assurance Director (CCQAD) #1 was interviewed on 9/2/21 at 12:22 pm and stated, "Staff needed to be retrained on the dining plans. We talked to them about a staff being at each table within arms reach. We also talked about everyone at a table having similar textures." CCQAD #1 stated, "I think staff were retrained. I don't know for sure if they were or not." CCQAD #1 indicated there was no documentation of training of staff for clients A and C's dining plans.</p> <p>The facility's Incident Reporting and Management Policy dated August 2018 was reviewed on 9/1/21 at 2:00 pm and indicated the following:</p> <p>"It is the policy of Corvilla, Inc. to:</p> <ul style="list-style-type: none"> - Ensure the health and safety of all its clients. - 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. - Not tolerate abuse, neglect, or exploitation of clients by staff members, clients, or persons in the community. - Maintain and train its staff as well as implement all current state agency/authority incident reporting requirements. 			

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	<ul style="list-style-type: none"> - Protect the confidentiality of all persons involved in an investigation. - Continually assess the agency's internal investigation system and make adjustments as needed to improve its effectiveness. <p>I. Definition of Reportable Incidents Reportable incidents include but are not limited to:</p> <ol style="list-style-type: none"> 1. Alleged, suspected, or actual abuse, (which must also be reported to Adult Protective Services (APS) or Child Protective Services (CPS) as indicated) which includes but is not limited to: <ol style="list-style-type: none"> a. 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;.... 2. Alleged, suspected, or actual neglect (which must also be reported to [APS] or [CPS] as indicated) which includes but is not limited to: <ol style="list-style-type: none"> a. failure to provide appropriate supervision, care, or training;.... 3. Alleged, suspected, or actual exploitation (which must also be reported to [APS] or [CPS] as indicated) which includes but is not limited to: <ol style="list-style-type: none"> a. unauthorized use of the:.... ii. personal property or finances; or.... 8. Elopement of an individual that results in evasion of required supervision as described in the ISP as necessary for the individuals health and welfare.... 15. A fall resulting in injury, regardless of the severity of the injury.... <p>III. Investigations of Allegations (Internal): When action by a Corvilla employee or client are</p>			

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	<p>alleged to be abusive, neglectful, or exploitative or to involve criminal activity, the Human Right Officer, hereafter called the investigator, will within 48 hours after the receipt of the verbal report or such other time frame as may be determined appropriate, conduct an investigation and complete a written investigation report.</p> <p>A. The investigation will include the following procedures:</p> <ol style="list-style-type: none"> 1.) an interview with the reporting staff member. 2.) An interview with any other witnesses including clients. 3.) An interview with the client in the presence of his or her program manager. 4.) An interview with the accused. 5.) Every attempt will be made to conduct interviews in the primary language of the individual being interviewed. <p>B. The report shall include:</p> <ol style="list-style-type: none"> 1.) A statement of the incident. 2.) A statement regarding information gained from interviews. 3.) findings of substantiation or unsubstantiation of allegation(s), and intent. 4.) Input into a recommendation for resolution. Disciplinary action, if warranted will be determined by the division management staff in conjunction with the Chief Human Resources Officer. 5.) An assessment of the agency incident reporting and investigation process.... <p>B. 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 (Chief Executive Officer), and Chief Human Resources Officer are notified that allegation has been substantiated and appropriate action has been taken. The confidentiality of all</p>			

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W 0153 Bldg. 00	<p>involved parties 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."</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 7 allegations of abuse, neglect, exploitation, and mistreatment reviewed, the facility staff failed to immediately report an allegation of abuse regarding client A to administration in accordance with state law.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 9/1/21 at 1:06 pm.</p> <p>A BDDS report dated 4/7/21 indicated the following:</p> <p>"On 4/6/21 at around 1:15 pm, it was reported to the Residential Director and CCQA (Corporate Compliance and Quality Assurance) Director, about an incident that occurred on 4/2/21 at lunchtime. Staff reported that another [Direct Support Professional (DSP) #9] was eating her lunch. [Client A] was standing beside [DSP #9]</p>	W 0153	<p>Corvilla staff are trained on ANE upon hire, including reporting ANE to the director of corporate compliance. Staff will be retrained on the appropriate action of reporting ANE, which would be immediately. This applies to all group homes.</p> <p>Corvilla's CCQA Director follows the policy regarding investigations. CCQA will ensure that all reports are being made immediately, with training happening during orientation on when to report, plus frequent reminders by QIDP and group home managers.. All persons involved are interviewed as well as any witnesses and anyone else who may be able to give information about the issue. All appropriate records are reviewed and evaluated for any needed</p>	10/07/2021

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W 0154 Bldg. 00	<p>and trying to get her lunch. [DSP #9] was eating sushi with wasabi sauce. [DSP #9] gave [client A] some of the wasabi sauce. [Client A] cannot determine if something is hot or spicy prior to eating it. [Client A] immediately drank a glass of water and went running out of the kitchen. [DSP #9] said that maybe next time [client A] will not bother her for her food. [DSP #9] was laughing after the incident. Once notified on 4/6/21, [DSP #9] was suspended pending investigation. Two other staff were present in addition to [DSP #9] and the reporting staff. The other two staff confirmed the incident when interviewed. [DSP #9] was also interviewed and confirmed that this is an accurate account of the incident.</p> <p>It was determined through the witnesses and the staff's account that [DSP #9] willfully inflicted pain on [client A] which is abuse. [DSP #9] was also emotionally abusive by laughing at [client A] after the incident. The staff was also using this as a punishment for attempting to eat the food.</p> <p>Corvilla does not tolerate abuse of and any use of aversive techniques. Therefore, [DSP #9] was terminated."</p> <p>- The review indicated house staff reported the allegation of abuse 4 days after it occurred.</p> <p>Corporate Compliance and Quality Assurance Director (CCQAD) #1 was interviewed on 9/2/21 at 12:22 pm and stated, "Staff should report immediately."</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 2 of 7 allegations of abuse, neglect, and exploitation</p>	W 0154	changes. The CEO/COO are given a copy of the investigation to review.	10/07/2021

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	<p>reviewed, the facility failed to thoroughly investigate an allegation of abuse of client A, an allegation of neglect of client A, and an allegation of neglect of client C.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 9/1/21 at 1:06 pm.</p> <p>1. A BDDS report dated 4/7/21 indicated the following:</p> <p>"On 4/6/21 at around 1:15 pm, it was reported to the Residential Director and CCQA (Corporate Compliance and Quality Assurance) Director, about an incident that occurred on 4/2/21 at lunchtime. Staff reported that another [Direct Support Professional (DSP) #9] was eating her lunch. [Client A] was standing beside [DSP #9] and trying to get her lunch. [DSP #9] was eating sushi with wasabi sauce. [DSP #9] gave [client A] some of the wasabi sauce. [Client A] cannot determine if something is hot or spicy prior to eating it. [Client A] immediately drank a glass of water and went running out of the kitchen. [DSP #9] said that maybe next time [client A] will not bother her for her food. [DSP #9] was laughing after the incident. Once notified on 4/6/21, [DSP #9] was suspended pending investigation. Two other staff were present in addition to [DSP #9] and the reporting staff. The other two staff confirmed the incident when interviewed. [DSP #9] was also interviewed and confirmed that this is an accurate account of the incident.</p> <p>It was determined through the witnesses and the staff's account that [DSP #9] willfully inflicted pain on [client A] which is abuse. [DSP #9] was also emotionally abusive by laughing at [client A]</p>		<p>Compliance. This applies to all group homes.</p> <p>Once the investigation is completed by the CCQA Director and findings are reported to the appropriate Director and what action is needed, the CCQA Director will notify the Human Resources Director to let them know of pending corrective action. Human Resources will contact the CCQA Director to inform when corrective action is received and the CCQA Director will track corrective actions for compliance.</p> <p>Corvilla's CCQA Director follows the policy regarding investigations. All persons involved are interviewed as well as any witnesses and anyone else who may be able to give information about the issue. All appropriate records are reviewed and evaluated for any needed changes. The CEO/COO are given a copy of the investigation to review.</p>	

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W 0157	<p>after the incident. The staff was also using this as a punishment for attempting to eat the food. Corvilla does not tolerate abuse of and any use of aversive techniques. Therefore, [DSP #9] was terminated."</p> <p>- The review did not include an investigation.</p> <p>2. A BDDS report dated 6/17/21 indicated the following:</p> <p>"On 6/16/21, SGL (supported group living) staff had prepared another client's medication and had left the door open while she went to get the client for his 4 pm medication. In that short period of time, [client A] went into the medication room and swiped the client's medication from the cup and ate the tablet before staff was able to get the tablet out of her mouth. [Client A] had swallowed 1 tablet of Carbamazepine (used to treat seizures, nerve pain, and bipolar disorder), 200 mg (milligrams). SGL staff called the agency nurse immediately. SGL staff were given side effects to watch for and if any abnormal finding were noted, SGL staff were to call the agency nurse back for further instructions. Doctor has been notified and no new instructions were given. [Client A] has had no ill side effects from taking 1 tablet of this medication."</p> <p>- The review did not include an investigation.</p> <p>Corporate Compliance and Quality Assurance Director (CCQAD) #1 was interviewed on 9/2/21 at 12:22 pm. CCQAD #1 indicated investigations of abuse and neglect should be completed within 5 business days.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS</p>			

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Bldg. 00	<p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on observation, record review, and interview for 4 of 7 allegations of abuse, neglect, and exploitation reviewed, the facility failed to effectively implement corrective action to prevent choking for client A.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 9/1/21 at 1:06 pm.</p> <p>1. A BDDS report dated 1/7/21 indicated the following:</p> <p>"On 1/7/21, staff went into the kitchen who in (sic) non verbal with bread in her mouth when staff got closer to [client A] staff noted that [client A] was choking on the bread that was in her mouth and her lips had started turning blue. Staff immediately alerted other staff for help and followed the choking protocol per our agency. Staff immediately started with back blows, the back blows were unable to dislodge the bread [client A] was choking on. Staff then started the Heimlich Maneuver (abdominal thrusts), the bread became dislodged and staff were able to sweep the rest of the bread out of her mouth without issue. [Client A's] color came back to her lips and [client A] did not appear to be distressed from the choking incident. [Client A] was then sent out to the ER (emergency room) with a staff member to be further evaluated.</p> <p>[Client A's] current diet is mechanical soft ground texture per her guardian's request and current doctor's order from 3/20/20, she had previously been on a pureed diet per recommendations of her last swallow, dietician</p>	W 0157	<p>All ANE reports, including reports of choking, will be investigated by the Director of Corporate Compliance. Risk plans will be revised if necessary, and corrective action will take place after choking incidents. Human Rights Restrictions will be completed with guardian approval if necessary. Staff will be retrained on diet plans and appropriately surveying meal times when individuals have a choking plan, which would include sitting with the individual and observing signs of choking until they have completed their meal. This applies to all group homes.</p> <p>The QIDP or company nurse will ensure that all staff have been trained on diet plans and company nurse will make revisions yearly or as needed. QIDP will ensure all new staff will be trained during the first week of training in home. Documentation will be required that training was completed.</p>	10/07/2021

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	<p>evaluation, and doctor's order."</p> <p>An investigation dated 1/8/21 indicated the following:</p> <p>"Conclusion: Staff present followed training they received in their CPR (cardiopulmonary resuscitation)/First Aid course and acted appropriately for the emergency. Staff and nurse will monitor [client A] for any effects from this incident and follow-up with PCP (primary care physician) if needed.</p> <p>Recommendations:</p> <p>It was determined that the bread in the home needs to be locked up. This has been on (sic) ongoing issue with [client A] as she attempts to eat bread not prepared properly on a regular basis as well as other foods. However, bread is the main item [client A] seeks, and this restriction will reduce any future choking incidents. This needs the approval of all guardians in the home since it is a restriction for everyone living in the home and needs approval then through Corvilla's Human Rights Committee (HRC)."</p> <p>2. A BDDS report dated 1/28/21 indicated the following:</p> <p>"On 1/27/21 when staff was helping another client (sic) heard [client A] in the kitchen they went into the kitchen and found [client A], who is non-verbal, with leftover pizza (from the day prior's meal) in her mouth and realized that [client A] was choking on the pizza. Staff immediately alerted other staff for help and followed the choking protocol per our agency. Staff immediately started with back blows, the back blows were unable to dislodge the bread [client A] was choking on. Staff then started the Heimlich Maneuver, the pizza was then able to be dislodged and swept out of the mouth without</p>			

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	<p>issues. [Client A] did not appear to be distressed from the choking incident. Due to our agency protocol, [client A] was sent out to the ER with a staff member to be further evaluated. While at the hospital, a chest x-ray was completed and [client A] had no signs of aspiration and was discharged back to (sic) group home with the following discharge instructions: 'Follow up with PCP within 7-10 days from ER visit. [Client A's] current diet is mechanical soft ground beef texture per her guardian's request and current doctor's order from 3/20/20, she had previously been on a pureed diet per recommendations of her last swallow, dietician evaluation and doctor's order. [Client A] is allowed to have pizza at meal times with supervision as long as it's cut up into small, bite size pieces with extra sauce.'</p> <p>An investigation dated 1/28/21 indicated the following:</p> <p>"Conclusion: Staff present followed training they received in their CPR/First Aid course and acted appropriately for the emergency. Staff and nurse will monitor [client A] for any effects from this incident and follow-up with PCP if needed.</p> <p>Recommendations: It was determined that the bread in the home needs to be locked up. This was approved through Human Rights Committee on 1/7/21. This has been on (sic) ongoing issue with [client A] as she attempts to eat bread or bread items not prepared properly on a regular basis as well as other foods. Any leftovers needs to be made to the proper consistency of everyone in the home or just not saved and thrown away."</p> <p>3. A BDDS report dated 7/26/21 indicated the following:</p> <p>"Staff were prepping lunches at day program</p>			

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	<p>when [client A] grabbed another client's sandwich and stuffed it in her mouth. [Client A] is currently on a mechanical soft diet in which food is prepared in a ground beef texture. [Client A] then ran from staff laughing as they were trying to stop her. [Client A] then started choking on the sandwich and staff followed the choking protocol and started back blows and were able to sweep the large chunk of sandwich out of [client A's] mouth. [Client A] did not appear to be in distress from this incident but per protocol was sent out to urgent care via staff to be further evaluated."</p> <p>A related investigation dated 7/27/21 indicated the following:</p> <p>"Conclusion: It appears staff followed appropriate care protocols when [client A] began choking.</p> <p>Based on the staff's comments, staff are not sitting with the individuals while they are eating all the time.</p> <p>Recommendations:</p> <p>Going forward, after talking to [day program staff #1, #2, and #3] this will be enforced at all locations. Staff will be sitting or standing by each table to assist anyone in the future. It was further discussed; all staff need to be in the dining area during all meals, including snacks, unless they are passing medications. [Client A] will be monitored by a designated staff if she finishes her meal before others and begins walking around the area."</p> <p>4. A BDDS report dated 7/29/21 indicated the following:</p> <p>"Staff were preparing lunches in Day Program when [client C] grabbed another client's fish and stuffed it in her mouth. She is currently on mechanical soft diet. Staff then had to give her</p>			

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	<p>back blows and were able to sweep the fish out of her mouth. [DSP C] did not appear to be in distress from this, but, per protocol, was sent out to urgent care via staff to be further evaluated."</p> <p>An investigation dated 7/29/21 indicated the following:</p> <p>"Conclusion: Proper care for choking was followed.</p> <p>However, staff are still not monitoring the food and tables with persons at an appropriate level.</p> <p>Recommendations: On 8/2/21, [Licensed Practical Nurse (LPN) #1] and [Day Program Staff #1, #2, and #3], all from day services, met and discussed the need for monitoring lunches better. It was discussed to have a staff at all tables at all times during any eating times."</p> <p>Observations were conducted at the facility owned and operated day service on 9/2/21 from 11:00 am until 12:00 pm. Clients A and C were present throughout the observation period.</p> <p>On 9/2/21 at 11:09 am, client C was served a chopped hot dog, chopped bread, and apple sauce. Client C ate independently with a spoon. At 11:13 am, client C got up from the table and dumped her food into the garbage. Day Service Staff #2 stated, "Are you all done, [client C]?"</p> <ul style="list-style-type: none"> - Day service staff did not sit at a table with client C or observe her while she ate. <p>Day service staff #1 was interviewed on 9/2/21 at 11:25 am and stated, "[Client C] chokes when she grabs other people's food. We rearranged the seating, so [client C] is closer to where staff are." Day service staff #1 indicated she had not been trained on client C's dining plan since her most recent choking incident.</p>			

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	<p>On 9/2/21 at 11:00 am, client A was seated at a table with 3 other clients. Day service staff #1 gave client A hand sanitizer and provided verbal and visual prompts for client A to sanitize her hands. At 11:09 am, client A's table mates were served their lunches. Day service staff #1 assisted client A's table mates with their meals. At 11:17 am, client A's table mates began finishing their meals. Client A had not received her lunch. At 11:20 am, client A's table mates finished their meals and their places were cleared. Day service staff #3 gave client A a plate with a chopped hot dog and chopped bread and walked away. Client A began eating her meal independently. Client A was not supervised by staff while she ate. At 11:23 am, day service staff #1 was standing with her back to client A. Day service staff turned around and looked at client A then turned her back to client A. At 11:25 am, day service staff #1 looked at client A then turned away.</p> <p>Day service staff #1 was interviewed on 9/2/21 at 11:25 am and stated, "I was trained on [client A's] plans a long time ago. I haven't been retrained since [client A's] last choking incident." Day service staff #1 stated, "We feed [client A] later than everyone else, so she doesn't run around and grab their food when she is finished." Day service staff #1 stated, "[Client A] is supposed to have her food served in mechanical soft texture. We make sure to watch her. Her eating is fine. The only problem is when she grabs other people's food."</p> <p>Client A's record was reviewed on 9/1/21 at 2:11 pm.</p> <p>Client A's Risk Management Plan/Dining dated 6/2020 indicated the following:</p>			

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	<p>"1. Risk Involved</p> <ul style="list-style-type: none"> a. Choking b. Aspiration.... <p>2. Diet Instructions</p> <ul style="list-style-type: none"> a. Mechanical soft diet (per family request). <p>3. Staff Guidelines</p> <ul style="list-style-type: none"> a. Thin liquids. b. Medication whole with a drink. c. 1 on 1 supervision required for all meals. d. Allow extra time to swallow. e. Sit upright for all oral intake. f. Remain in upright position for at least 30 min (minutes) after eating or drinking. g. Remind client to slow down while eating. h. Small bites at a time. i. Anytime [client A] eats or swallows something that is not within diet plan, staff must do a GER (general event report) and start an aspiration sheet." <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 9/2/21 at 12:01 pm and stated, "Day service staff should have been trained on [clients A and C's] plans. We requested training on their high risk plans for choking and dining."</p> <p>Corporate Compliance and Quality Assurance Director (CCQAD) #1 was interviewed on 9/2/21 at 12:22 pm and stated, "Staff needed to be retrained on the dining plans. We talked them about a staff being at each table within arms reach. We also talked about everyone at a table having similar textures." CCQAD #1 stated, "I think staff were retrained. I don't know for sure if they were or not." CCQAD #1 indicated there was no documentation of training of staff for clients A and C's dining plans.</p> <p>9-3-2(a)</p>			

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W 0159 Bldg. 00	<p>483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who-</p> <p>Based on observation, record review, and interview for 3 of 3 sample clients (A, B, and C), the Qualified Intellectual Disabilities Professional failed to effectively coordinate, integrate, and monitor clients A, B, and C's active treatment programs.</p> <p>The QIDP failed to ensure client B's plans indicated proper procedures for lifting client B, to develop active treatment schedules for clients A, B, and C, to ensure clients A, B, and C's goals were implemented and recorded as indicated in their ISPs, to ensure clients A, B, and C's Comprehensive Functional Assessments (CFAs) were reviewed at least annually, and to ensure clients A, B, and C's ISPs were reviewed at least annually.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Client A's record was reviewed on 9/1/21 at 2:11 pm and included an Individual Support Plan (ISP) dated 11/21/19. The review did not include reviews of client A's goals by the QIDP. 2. Client B's record was reviewed on 9/1/21 at 2:21 pm and included an ISP dated 4/18/19. The review did not include reviews of client B's goals by the QIDP. 3. Client C's record was reviewed on 9/1/21 at 2:24 pm and included an ISP dated 2/6/20. The review did not include reviews of client C's 	W 0159	<p>The residential director will audit all individual's files to ensure the CFA, ISP, active treatment programs and goals are created within 30 days of residence, then reviewed each year at the annual ISP. QIDP will develop active goals for each individual. This applies to all group homes.</p> <p>The residential director will ensure that all documents are up to date, including active goals which will be updated after 30 days of residence, or yearly. if the individual has lived in the home for more than 30 days.</p>	10/07/2021

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W 0192 Bldg. 00	<p>goals by the QIDP.</p> <p>4. The QIDP failed to ensure client B's plans indicated proper procedures for lifting client B. Please see W240.</p> <p>5. The QIDP failed to develop active treatment schedules for clients A, B, and C. Please see W250.</p> <p>6. The QIDP failed to ensure clients A, B, and C's goals were implemented and recorded as indicated in their ISPs. Please see W252.</p> <p>7. The QIDP failed to ensure clients A, B, and C's CFAs were reviewed at least annually. Please see W259.</p> <p>8. The QIDP failed to ensure clients A, B, and C's ISPs were revised at least annually. Please see W260.</p> <p>9-3-3(a)</p> <p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. Based on observation, record review, and interview for 3 of 3 sample clients (A, B, and C), the facility failed to ensure staff were adequately trained to address clients A, B, and C's health care needs.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 9/2/21 from 6:00 am through 8:00 am. Clients A and C were present in the home for the</p>	W 0192	<p>Staff will be retrained on all high risk plans for all clients, including dining risk plans. Staff will attend a training with the dietician which includes how to properly serve pureed vs mechanical soft consistencies. Staff will be retrained on how to effectively follow a dining plan, which would include sitting with an individual until they have finished eating.</p>	10/06/2021

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	<p>duration of the observation period.</p> <p>1. On 9/2/21 at 7:00 am, clients A and C were served chopped waffles, pureed fruit, and pureed sausage. Direct Support Professional (DSP) #6 prepared clients A and C's breakfast. DSP #6 was interviewed on 9/2/21 at 7:07 am and stated, "[Client A] is supposed to have ground consistency for her food. [Client C] is the same. It's easier to just puree it all together because everyone else has theirs pureed."</p> <p>Observations were conducted at the facility owned and operated day service on 9/2/21 from 11:00 am until 12:00 pm. Clients A and C were present throughout the observation period.</p> <p>2. On 9/2/21 at 11:09 am, client C was served a chopped hot dog, chopped bread, and apple sauce. Client C ate independently with a spoon. At 11:13 am, client C got up from the table and dumped her food into the garbage. Day Service Staff #2 stated, "Are you all done, [client C]?" - Day service staff did not sit at a table with client C or observe her while she ate.</p> <p>Day service staff #1 was interviewed on 9/2/21 at 11:25 am and stated, "[Client C] chokes when she grabs other people's food. We rearranged the seating, so [client C] is closer to where staff are." Day service staff #1 indicated she had not been trained on client C's dining plan since her most recent choking incident.</p> <p>Corporate Compliance and Quality Assurance Director (CCQAD) #1 was interviewed on 9/2/21 at 12:22 pm and stated, "Staff needed to be retrained on the dining plans. We talked to them about a staff being at each table within arms</p>		<p>Staff will be retrained on how to properly assist someone that requires a hooyer lift, which includes adjusting someone by assisting them near their shoulders and upper back, not their head/neck. This applies to all group homes.</p> <p>Company nurse will ensure that trainings have been completed with documentation gathered by the house manager.</p>	

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	<p>reach. We also talked about everyone at a table having similar textures." CCQAD #1 stated, "I think staff were retrained. I don't know for sure if they were or not." CCQAD #1 indicated there was no documentation of training of staff for clients A and C's dining plans.</p> <p>3. On 9/2/21 at 11:00 am, client A was seated at a table with 3 other clients. Day service staff #1 gave client A hand sanitizer and provided verbal and visual prompts for client A to sanitize her hands. At 11:09 am, client A's table mates were served their lunches. Day service staff #1 assisted client A's table mates with their meals. At 11:17 am, client A's table mates began finishing their meals. Client A had not received her lunch. At 11:20 am, client A's table mates finished their meals and their places were cleared. Day service staff #3 gave client A a plate with a chopped hot dog and chopped bread and walked away. Client A began eating her meal independently. Client A was not supervised by staff while she ate. At 11:23 am, day service staff #1 was standing with her back to client A. Day service staff turned around and looked at client A then turned her back to client A. At 11:25 am, day service staff #1 looked at client A then turned away.</p> <p>Day service staff #1 was interviewed on 9/2/21 at 11:25 am and stated, "I was trained on [client A's] plans a long time ago. I haven't been retrained since [client A's] last choking incident." Day service staff #1 stated, "We feed [client A] later than everyone else, so she doesn't run around and grab their food when she is finished." Day service staff #1 stated, "[Client A] is supposed to have her food served in mechanical soft texture. We make sure to watch her. Her eating is fine. The only problem is when she</p>			

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	<p>grabs other people's food."</p> <p>Client A's record was reviewed on 9/1/21 at 2:11 pm.</p> <p>Client A's Risk Management Plan/Dining dated 6/2020 indicated the following:</p> <ul style="list-style-type: none"> "1. Risk Involved a. Choking b. Aspiration.... 2. Diet Instructions a. Mechanical soft diet (per family request). 3. Staff Guidelines a. Thin liquids. b. Medication whole with a drink. c. 1 on 1 supervision required for all meals. d. Allow extra time to swallow. e. Sit upright for all oral intake. f. Remain in upright position for at least 30 min (minutes) after eating or drinking. g. Remind client to slow down while eating. h. Small bites at a time. i. Anytime [client A] eats or swallows something that is not within diet plan, staff must do a GER (general event report) and start an aspiration sheet." <p>Client C's record was reviewed on 9/1/21 at 2:24 pm.</p> <p>Client C's Risk Management Plan/Dining dated 6/2021 indicated the following:</p> <ul style="list-style-type: none"> "1. Risk Involved a. Choking b. Aspiration.... 2. Diet Instructions a. Mechanical soft, ground beef texture. b. Medication whole with liquid. c. Staff to ensure that [client C] receives 1/4 c (cup) of BAP (bran flakes, applesauce, and prune juice) 2 x daily. c. (sic) Supervision during all meals. 			

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	<p>d. Thin liquids (staff to ensure [client C] drinks 6-8 oz (ounces) of water with each meal).</p> <p>e. Remain at upright position 90%, 30 min after a meal.</p> <p>f. Oral hygiene after each meal.</p> <p>g. Notify nurse of any and all choking incident immediately.</p> <p>h. Anytime [client C] eats or swallows something that is not within diet plan, staff must do a GER and start an aspiration sheet."</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 9/2/21 at 12:01 pm and stated, "All food should be served according to the dining plan."</p> <p>Licensed Practical Nurse (LPN) #1 was interviewed by phone on 9/8/21 at 1:46 pm and stated, "[Clients A and C's] food should not be pureed. It should be bite size pieces, ground beef texture, mechanical soft. There is no reason for them to served pureed food."</p> <p>4. Observations were conducted in the group home on 9/1/21 from 4:22 pm through 6:15 pm. Client B was present in the home for the duration of the observation period.</p> <p>On 9/1/21 at 5:21 pm, client B was sitting in her wheelchair in her bedroom. Client B was non-verbal and used a lift with a sling to transfer from her wheelchair to her bed. Client B was unable to assist with transferring herself. House Manager (HM) #1 put her hand around the back of client B's neck and pulled her forward to place the sling behind her back. HM #1 pushed client B to one side to pull the sling underneath her then pushed her to the other side to pull the sling underneath client B. HM #1 placed her forearm behind client B's neck with her hand on client B's</p>			

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W 0240 Bldg. 00	<p>head and pulled her forward to arrange the sling behind client B's back. HM #1 attached the sling to the lift and raised client B until she was suspended above her wheelchair. HM #1 repositioned client B in her sling by lifting on her head and neck. HM #1 raised the lift the rest of the way and transferred client B to her bed.</p> <p>HM #1 was interviewed on 9/1/21 at 5:35 pm and stated, "[Client B] should be repositioned every 2 hours."</p> <p>Client B's record was reviewed on 9/1/21 at 2:21 pm and did not include procedures or protocols for transferring client B between her bed and wheelchair.</p> <p>Licensed Practical Nurse (LPN) #1 was interviewed by phone on 9/8/21 at 1:46 pm and stated, "The sling should be at [client B's] shoulders, and the head part where her head is. The leg straps should be criss-crossed underneath each leg." LPN #1 stated, "They shouldn't have to do a lot of lifting. They should be turning [client B] from side to side." LPN #1 stated, "Lifting by her head and neck could cause neck injuries. If they're going to lift her, they should use her bed. They should lean her forward by using her shoulders and upper back."</p> <p>9-3-3(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 of 3 sample clients (B), the facility failed to ensure client B's plans indicated proper procedures for</p>	W 0240	Staff will be retrained on how to properly assist someone that requires a hooyer lift, which	09/23/2021

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	<p>lifting client B.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 9/1/21 from 4:22 pm through 6:15 pm. Client B was present in the home for the duration of the observation period.</p> <p>On 9/1/21 at 5:21 pm, client B was sitting in her wheelchair in her bedroom. Client B was non-verbal and used a lift with a sling to transfer from her wheelchair to her bed. Client B was unable to assist with transferring herself. House Manager (HM) #1 put her hand around the back of client B's neck and pulled her forward to place the sling behind her back. HM #1 pushed client B to one side to pull the sling underneath her then pushed her to the other side to pull the sling underneath client B. HM #1 placed her forearm behind client B's neck with her hand on client B's head and pulled her forward to arrange the sling behind client B's back. HM #1 attached the sling to the lift and raised client B until she was suspended above her wheelchair. HM #1 repositioned client B in her sling by lifting on her head and neck. HM #1 raised the lift the rest of the way and transferred client B to her bed.</p> <p>HM #1 was interviewed on 9/1/21 at 5:35 pm and stated, "[Client B] should be repositioned every 2 hours."</p> <p>Client B's record was reviewed on 9/1/21 at 2:21 pm and did not include procedures or protocols for transferring client B between her bed and wheelchair.</p> <p>Licensed Practical Nurse (LPN) #1 was interviewed by phone on 9/8/21 at 1:46 pm and</p>		<p>includes adjusting someone by assisting them near their shoulders and upper back, not their head/neck. This applies to all group homes.</p> <p>Company nurse will ensure that trainings have been completed with documentation gathered by the house manager.</p>	

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W 0250 Bldg. 00	<p>stated, "The sling should be at [client B's] shoulders, and the head part where her head is. The leg straps should be criss-crossed underneath each leg." LPN #1 stated, "They shouldn't have to do a lot of lifting. They should be turning [client B] from side to side." LPN #1 stated, "Lifting by her head and neck could cause neck injuries. If they're going to lift her, they should use her bed. They should lean her forward by using her shoulders and upper back."</p> <p>9-3-4(a)</p> <p>483.440(d)(2) PROGRAM IMPLEMENTATION</p> <p>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</p> <p>Based on record review and interview for 3 of 3 sample clients (A, B, and C), the facility failed to develop active treatment schedules for clients A, B, and C.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Client A's record was reviewed on 9/1/21 at 2:11 pm and did not include an active treatment schedule. 2. Client B's record was reviewed on 9/1/21 at 2:21 pm and did not include an active treatment schedule. 3. Client C's record was reviewed on 9/1/21 at 2:24 pm and did not include an active treatment schedule. <p>Qualified Intellectual Disabilities Professional</p>	W 0250	<p>The residential director will audit all individual's files to ensure the CFA, ISP, active treatment programs and goals are created within 30 days of residence, then reviewed each year at the annual ISP. QIDP will develop active treatment schedule for each individual. This applies to all group homes.</p> <p>The residential director will ensure that all documents are updated yearly, including active treatment schedules. This will be completed via a tracking system that shows due dates for all documents.</p>	10/06/2021

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0252 Bldg. 00	<p>(QIDP) #1 was interviewed on 9/2/21 at 12:01 pm and stated, "There are no active treatment schedules."</p> <p>Corporate Compliance and Quality Assurance Director (CCQAD) #1 was interviewed on 9/2/21 at 12:22 pm and stated, "There should be active treatment schedules to provide continuous acquisition of skills. It gives them things they can work on in every day life. Washing dishes or doing laundry. The clients should be doing what the staff are doing to the best of their abilities. Staff should use every moment to teach."</p> <p>9-3-4(a)</p> <p>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. Based on record review and interview for 3 of 3 sampled clients (A, B, and C), the facility failed to ensure clients A, B, and C's goals were implemented and recorded as indicated in their Individual Service Plans (ISPs).</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 9/1/21 at 2:11 pm. Client A's ISP dated 11/21/19 indicated the following: "ISP Program: Cooking - Daily. Schedule and Frequency: Every Opportunity; Frequency of Documentation: Daily." Client A's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p>	W 0252	<p>The residential director will audit all individual's files to ensure the CFA, ISP, active treatment programs and goals are created within 30 days of residence, then reviewed each year at the annual ISP. QIDP will develop active goals for each individual. The director of corporate compliance will monitor goal documentation weekly and alert QIDP if goals are not being documented correctly by staff. Staff will be retrained on goal documentation. This applies to all group homes.</p> <p>The residential director will ensure that all documents are updated</p>	10/06/2021

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	<p>"ISP Program: ID (identify) penny. Schedule and Frequency: Every Opportunity; Frequency of Documentation: Daily." Client A's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>"ISP Program: Pudding for Medications. Schedule and Frequency: Every Opportunity; Frequency of Documentation: 2 times per day." Client A's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>"ISP Program: Cooking - Brushing teeth - 2 times per day. Schedule and Frequency: Every Opportunity; Frequency of Documentation: 2 times daily." Client A's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>"ISP Program: Expressing wants/needs - 3 times daily. Schedule and Frequency: Every Opportunity; Frequency of Documentation: 3 times daily." Client A's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>"ISP Program: Wiping Mouth Between Bites - 2 times daily. Schedule and Frequency: Every Opportunity; Frequency of Documentation: 2 times a day - breakfast and dinner." Client A's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>"ISP Program: Sign language - daily.</p>		yearly, including goals. This will be completed via a tracking system that shows due dates for all documents. QIDP will ensure that goal documentation is happening within the group homes and updating goals as needed.	

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	<p>Schedule and Frequency: Every Opportunity; Frequency of Documentation: Daily."</p> <p>Client A's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>2. Client B's record was reviewed on 9/1/21 at 2:21 pm. Client B's ISP dated 4/18/19 indicated the following goals:</p> <p>"ISP Program: PT (physical therapy) - ROM (range of motion) exercises - twice per day.</p> <p>Schedule and Frequency: Every Opportunity; Frequency of Documentation: 2 times per day - AM and PM."</p> <p>Client B's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>"ISP Program: Hair brushing - daily. Schedule and Frequency: Every Opportunity; Frequency of Documentation: Daily."</p> <p>Client B's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>"ISP Program: Dressing - daily. Schedule and Frequency: Every Opportunity; Frequency of Documentation: Daily."</p> <p>Client B's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>"ISP Program: Making a purchase - once per week. Schedule and Frequency: Every Opportunity; Frequency of Documentation: Once per week."</p> <p>Client B's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p>			

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

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FORM APPROVED
OMB NO. 0938-0391

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	<p>"ISP Program: Stir Thick It - daily. Schedule and Frequency: Every Opportunity; Frequency of Documentation: Daily." Client B's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>"ISP Program: Brushing teeth - twice daily. Schedule and Frequency: Every Opportunity; Frequency of Documentation: 2 times per day." Client B's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>"ISP Program: Eating - daily. Schedule and Frequency: Every Opportunity; 2 times per day." Client B's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>"ISP Program: Feeding self - 2 times daily. Schedule and Frequency: Every Opportunity; Frequency of Documentation: 2 times per day." Client B's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>3. Client C's record was reviewed on 9/1/21 at 2:24 pm. Client C's ISP dated 2/6/20 included the following goals:</p> <p>"ISP Program: Make purchase - once per week. Schedule and Frequency: Every Opportunity; Frequency of Documentation: 1 time per week." Client C's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>"ISP Program: Laundry - 2 times per week.</p>				

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	<p>Schedule and Frequency: Every Opportunity; Frequency of Documentation: 2 times per week." Client C's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>"ISP Program: Cooking - daily. Schedule and Frequency: Every Opportunity; Frequency of Documentation: Daily." Client C's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>"ISP Program: Wearing robe/clothes - daily. Schedule and Frequency: Every Opportunity; Frequency of Documentation: daily." Client C's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>"ISP Program: Privacy - 2 times daily. Schedule and Frequency: Every Opportunity; Frequency of Documentation: 2 times daily." Client C's Programmatic Report dated 9/1/21 indicated the goal was not run in June, July, or August 2021.</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 9/2/21 at 12:01 pm and stated, "Staff should be tracking goals on [digital record keeping system] daily or whenever the goal requires."</p> <p>Corporate Compliance and Quality Assurance Director (CCQAD) #1 was interviewed on 9/2/21 at 12:22 pm and stated, "Staff should be tracking goals daily in [digital record keeping system]."</p> <p>9-3-4(a)</p>			

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W 0259 Bldg. 00	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.</p> <p>Based on record review and interview for 3 of 3 sample clients (A, B, and C), the facility failed to ensure clients A, B, and C's Comprehensive Functional Assessments (CFAs) were reviewed at least annually.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Client A's record was reviewed on 9/1/21 at 2:11 pm and included a CFA dated 11/15/19. 2. Client B's record was reviewed on 9/1/21 at 2:21 pm and included a CFA dated 4/18/19. 3. Client C's record was reviewed on 9/1/21 at 2:24 pm and included a CFA dated 1/20/20. <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 9/2/21 at 12:01 pm and stated, "The CFA should be updated yearly."</p> <p>Corporate Compliance and Quality Assurance Director (CCQAD) #1 was interviewed on 9/2/21 at 12:22 pm and stated, "The CFA should be updated annually."</p> <p>9-3-4(a)</p>	W 0259	<p>The residential director will audit all individual's files to ensure the CFA, ISP, active treatment programs and goals are created within 30 days of residence, then reviewed each year at the annual ISP. CFA'S will be completed within 30 days of admittance, then revised yearly thereafter. This applies to all group homes.</p> <p>The residential director will ensure that all documents are updated yearly, including CFA's. This will be completed via a tracking system that shows due dates for all documents.</p>	10/06/2021
W 0260 Bldg. 00	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this</p>			

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W 0382 Bldg. 00	<p>section.</p> <p>Based on record review and interview for 3 of 3 sample clients (A, B, and C), the facility failed to ensure clients A, B, and C's Individual Service Plans (ISPs) were revised at least annually.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Client A's record was reviewed on 9/1/21 at 2:11 pm and included an ISP dated 11/21/19. 2. Client B's record was reviewed on 9/1/21 at 2:21 pm and included an ISP dated 4/18/19. 3. Client C's record was reviewed on 9/1/21 at 2:24 pm and included an ISP dated 2/6/20. <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 9/2/21 at 12:01 pm and stated, "The ISP should be updated yearly."</p> <p>Corporate Compliance and Quality Assurance Director (CCQAD) #1 was interviewed on 9/2/21 at 12:22 pm and stated, "The ISP should be updated annually."</p> <p>9-3-4(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview for 3 of 3 sample clients (A, B, and C), the facility failed to ensure clients A, B, and C's medications were kept locked when not in use.</p>	W 0260	<p>The residential director will audit all individual's files to ensure the CFA, ISP, active treatment programs and goals are created within 30 days of residence, then reviewed each year at the annual ISP. QIDP will ensure that annual ISP's are being completed. This applies to all group homes.</p> <p>The residential director will ensure that all documents are updated yearly, including annual individual support plans. This will be completed via a tracking system that shows due dates for all documents.</p>	10/06/2021
		W 0382	Staff will be retrained on how to properly secure medications when not in use. This would include locking medications out of site when not administering	10/06/2021

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W 0455 Bldg. 00	<p>Findings include:</p> <p>Observations were conducted in the group home on 9/2/21 from 6:00 am through 8:00 am. Clients A, B, and C were present in the home for the duration of the observation period.</p> <p>On 9/2/21 at 7:21 am, Direct Support Professional (DSP) #5 took client C's medication to her in the kitchen. DSP #5 administered client B's medications then put lotion on her hands and foot powder in her socks. While DSP #5 was in the kitchen with client C, the medication room was unlocked, and the door was open. Client C's medication packaging was out on the counter, and the controlled medication box was open.</p> <p>DSP #5 was interviewed on 9/2/21 at 7:30 pm and stated, "All controlled medications are kept locked. When we go in other rooms, we shut the door and lock it."</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 9/2/21 at 12:01 pm and stated, "The medication room door should be closed when staff are not in there, and the medication should be locked up."</p> <p>9-3-6(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, record review, and interview for 3 of 3 sample clients (A, B, and C), plus 5 additional clients (D, E, F, G, and H), the facility failed to ensure staff working in the</p>	W 0455	<p>medication and shutting and locking the door that leads to the medication room. This applies to all group homes.</p> <p>House manager will do checks to ensure that meds are properly secured when on shift. Documentation will have to be completed by all staff that are administering medications on shift that medications were locked properly. QIDP will receive this documentation monthly.</p>	09/16/2021

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	<p>home implemented proactive/preventative infection control measures during a world wide pandemic and to follow universal precautions in regards hand washing for clients A, B, C, D, E, F, G, and H.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/2/21 from 6:00 am through 8:00 am. Clients A, B, C, D, E, F, G, and H were present in the home for the duration of the observation period. Direct Support Professional (DSP) #5 greeted the surveyor at the door on 9/2/21 at 6:00 am. DSP #5 did not screen the surveyor for signs or symptoms of or exposure to COVID-19.</p> <p>Licensed Practical Nurse (LPN) #1 was interviewed by phone on 9/8/21 at 1:46 pm and stated, "There is a questionnaire for COVID. They are supposed to take visitor's temperatures and check for symptoms."</p> <p>The facility's Pandemic Planning and Response dated April 2020 was reviewed on 9/2/21 at 2:00 pm and indicated the following:</p> <p>"Visitors</p> <ol style="list-style-type: none"> 1. When visiting Corvilla's sites: <ul style="list-style-type: none"> - Corvilla recommends calling ahead to let staff know a visit is planned. - All visitors will complete the health screening process. - All visitors are required to wear masks. - Visitors should practice universal precautions. - Visitors should wash their hands before entering the site and after leaving the site. - Visitors who are ill (fever, respiratory symptoms) should not visit." <p>9-3-7(a)</p>		<p>questionnaire and temperature taking. All staff will be retrained on universal precautions and infection control, including handwashing and changing of gloves when applicable. This applies to all group homes.</p> <p>House manager will ensure that screenings are being completed weekly when guests visits. Documentation for all visitors, including the screening document, will be sent to QIDP monthly.</p>	

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W 0474 Bldg. 00	<p>483.480(b)(2)(iii) MEAL SERVICES</p> <p>Food must be served in a form consistent with the developmental level of the client. Based on observation, record review, and interview for 2 of 3 sample clients (A and C), the facility failed to ensure clients A and C's meals were served according to their plans.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 9/2/21 from 6:00 am through 8:00 am. Clients A and C were present in the home for the duration of the observation period.</p> <p>On 9/2/21 at 7:00 am, clients A and C were served chopped waffles, pureed fruit, and pureed sausage.</p> <p>Direct Support Professional (DSP) #6 prepared clients A and C's breakfast. DSP #6 was interviewed on 9/2/21 at 7:07 am and stated, "[Client A] is supposed to have ground consistency for her food. [Client C] is the same. It's easier to just puree it all together because everyone else has theirs pureed."</p> <p>Observations were conducted at the facility owned and operated day service on 9/2/21 from 11:00 am until 12:00 pm. Clients A and C were present throughout the observation period.</p> <p>Client A's record was reviewed on 9/1/21 at 2:11 pm.</p> <p>Client A's Risk Management Plan/Dining dated 6/2020 indicated the following:</p> <p>"1. Risk Involved a. Choking b. Aspiration.... 2. Diet Instructions</p>	W 0474	<p>Staff will be retrained on all high risk plans for all clients, including dining risk plans. Staff will attend a training with the dietitian which includes how to properly serve pureed vs mechanical soft consistencies. Staff will be retrained on how to effectively follow a dining plan, which would include sitting with an individual until they have finished eating. This applies to all group homes.</p> <p>CCQA implemented a training with the dietitian which was completed the week of 10/7. Documentation was completed for all staff that were present. New staff will be trained on appropriate consistencies by house manager and will need to sign that they understand consistencies. These will be turned into QIDP and house nurse.</p>	10/07/2021

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	<p>a. Mechanical soft diet (per family request).</p> <p>3. Staff Guidelines</p> <p>a. Thin liquids.</p> <p>b. Medication whole with a drink.</p> <p>c. 1 on 1 supervision required for all meals.</p> <p>d. Allow extra time to swallow.</p> <p>e. Sit upright for all oral intake.</p> <p>f. Remain in upright position for at least 30 min (minutes) after eating or drinking.</p> <p>g. Remind client to slow down while eating.</p> <p>h. Small bites at a time.</p> <p>i. Anytime [client A] eats or swallows something that is not within diet plan, staff must do a GER (general event report) and start an aspiration sheet."</p> <p>Client C's record was reviewed on 9/1/21 at 2:24 pm.</p> <p>Client C's Risk Management Plan/Dining dated 6/2021 indicated the following:</p> <p>"1. Risk Involved</p> <p>a. Choking</p> <p>b. Aspiration....</p> <p>2. Diet Instructions</p> <p>a. Mechanical soft, ground beef texture.</p> <p>b. Medication whole with liquid.</p> <p>c. Staff to ensure that [client C] receives 1/4 c (cup) of BAP (bran flakes, applesauce, and prune juice) 2 x daily.</p> <p>c. (sic) Supervision during all meals.</p> <p>d. Thin liquids (staff to ensure [client C] drinks 6-8 oz (ounces) of water with each meal).</p> <p>e. Remain at upright position 90%, 30 min after a meal.</p> <p>f. Oral hygiene after each meal.</p> <p>g. Notify nurse of any and all choking incident immediately.</p> <p>h. anytime [client C] eats or swallows something that is not within diet plan, staff must do a GER and start an aspiration sheet."</p>			

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	<p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 9/2/21 at 12:01 pm and stated, "All food should be served according to the dining plan."</p> <p>Licensed Practical Nurse (LPN) #1 was interviewed by phone on 9/8/21 at 1:46 pm and stated, "[Clients A and C's] food should not be pureed. It should be bite size pieces, ground beef texture, mechanical soft. There is no reason for them to served pureed food."</p> <p>9-3-8(a)</p>			