| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| Z 000 | COMMENTS<br><br>COMPLAINT<br>2144534/IL135438 | Z 000 | | |
| Z9999 | FINDINGS<br><br>Statement of Licensure Violations:<br><br>350.620a)<br>350.810a)e)<br>350.1060a)<br>350.1060b)2)<br>350.1060d)<br>350.1060e)<br>350.1060f)<br>350.1060h)<br>350.1060j)<br>350.1060k)<br>350.1070<br>350.1210<br>350.1610h)1)2)<br>350.3240a)<br>350.3240b)<br>350.3240c)<br>350.3240d)<br><br>Section 350.620 Resident Care Policies<br><br>a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents, and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.<br><br>Section 350.810 Personnel | Z9999 | **Attachment A**<br>**Statement of Licensure Violations** | |

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| Z9999 | Continued From page 1<br><br>a) Sufficient staff in numbers and qualifications shall be on duty all hours of each day to provide services that meet the total needs of the residents.<br><br>e) The facility shall provide a Resident Services Director who is a Qualified Mental Retardation Professional as defined in Section 350.330, who is assigned responsibility for the coordination and monitoring of the residents overall plan of care. The administrator or an individual on the professional staff of the facility may fill this assignment to assure that residents' plans of care are individualized, written in terms of short and long range goals, understandable and utilized; their needs are met through appropriate staff interventions and community resources; and residents are involved, whenever possible, in the preparation of their plan of care.<br><br>Section 350.1060 Training and Habilitation Services<br><br>a) The facility shall provide training and habilitation services to facilitate the intellectual, sensor motor, and effective development of each resident in the facility.<br><br>b) Each resident shall have individual evaluations which shall:<br><br>2) Stated in specific behavioral terms that permit the progress of the individual to be assessed.<br><br>d) There shall be evidence of training and habilitation services activities designed to meet the training and habilitation objectives set for every resident. | Z9999 | | |

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| Z9999 | Continued From page 2<br><br>e) An appropriate, effective and individualized program that manages residents' behaviors shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate, properly trained and supervised staff shall be available to administer these programs.<br><br>f) There shall be a functional training and habilitation record for each resident, maintained by and available to the training and habilitation staff.<br><br>h) There shall be available sufficient, appropriately qualified training and habilitation personnel, and necessary supporting staff, to carry out the training and habilitation program. Supervision of delivery of training and habilitation services shall be the responsibility of a person who is a Qualified Mental Retardation Professional.<br><br>j) Appropriate records shall be maintained for each resident functioning in these programs. These shall show appropriateness of the program for the individual, resident's response to the program and any other pertinent observations and shall become a part of the resident's record.<br><br>k) Residents shall not be used to replace employed staff.<br><br>Section 350.1070 Training and Habilitation Staff<br><br>Appropriately qualified staff shall be provided in sufficient numbers to meet the training and habilitation needs of the residents. | Z9999 | | |

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| Z9999 | Continued From page 3<br><br>Section 350.1210 Health Services<br><br>The facility shall provide all services necessary to maintain each resident in good physical health.<br><br>Section 350.1610 Resident Record Requirements<br><br>h) The records maintained for each resident shall be adequate for:<br>1) Planning and continuously evaluating each resident's habilitation program,<br>2) Furnishing evidence of each resident's progress and response to the habilitation program<br><br>Section 350.3240 Abuse and Neglect<br><br>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)<br><br>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)<br><br>c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act)<br><br>d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act)<br><br>These Regulations were not met as evidenced | Z9999 | | |

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| Z9999 | Continued From page 4<br>by:<br><br>Based on observation, record review and interview, the governing body and management failed to provide operating direction and oversite resulting in systemic issues affecting 13 of 13 individuals who reside in the facility (R1-R13) when they failed to:<br><br>Ensure staff implemented their policy on Abuse and Neglect, and have a plan in place to protect identified victim (R1) while an allegation of abuse was being investigated, affecting 1 of 1 individual (R1) with allegations of abuse by R3.<br><br>Ensure staff followed their policy to initiate, investigate and report to Illinois Department of Public Health/IDPH an investigation of abuse in a timely manner affecting 1 of 1 individuals (R1), who was physically abused by (R3).<br><br>Ensure the facility followed their policy to have sufficient staff to monitor, supervise, and intervene with individuals known to have inappropriate sexual, aggressive, medical, dietary and developmental needs. This has the potential to affect 13 individuals residing in the facility.<br><br>Ensure a Qualified Intellectual Disability Professional (QIDP) was coordinating and monitoring Individual Program Plans and data to assess program implementation and effectiveness in order to determine the need for program revision based upon Resident performance.<br><br>Ensure non-professional staffs have guidance and are able to competently implement | Z9999 | | |

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| Z9999 | Continued From page 5<br>Residents' program and behavioral plans.<br><br>Ensure Active Treatment Programs were completed as developed for 3 of 3 individuals, with the potential to affect the other 10 individuals living in the facility (R4-R13), when the facility failed to:<br><br>1) Implement Active Treatment Programs as developed.<br>2) Consistently and accurately document Active Treatment Programs to determine effectiveness.<br>3) Review and revise Active Treatment Programs based upon consistent data documentation.<br>4) Review and revise Active Treatment goals to address Residents needs.<br>5) Review and update Individual Service Plans annually.<br><br>Ensure sufficient numbers of staff to ensure supervision to meet the safety needs of the residents for 1 of 1 individuals in the sample (R1) with the potential to affect the other 12 individuals residing in the facility (R2-R13) when facility failed to:<br>Ensure the required staff to resident ratio necessary to meet each individual's programmatic needs and ensure the safety for all residents. This has the potential to affect all 13 individuals who reside in the facility (R1-R13).<br><br>Findings include:<br><br>1) The Facility's Policy 5.24 (revised 4/19) titled, "Investigative Committee," documents in part, "Definitions:<br>Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting harm, pain, or mental anguish. | Z9999 | | |

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| Z9999 | Continued From page 6<br><br>Neglect: Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.<br><br>Purpose: The Investigative Committee shall be responsible for the following:<br>A. To identify, review and determine if alleged violations of any individual's rights, including abuse and neglect have occurred.<br>B. To investigate allegations in a professional and impartial manner.<br>C. To protect individuals from further harm.<br>E. The committee members shall meet to review the allegations, conduct interviews and examine the information available that is pertinent to the incident.<br><br>Procedure: A. Any employee or agent who witnesses or suspects a violation of individual rights, peer-to-peer incidents, reasonable suspicion of a crime, abuse, or neglect as well as injuries of unknown source shall immediately report the matter to home management using the following protocol:<br>2. In order for the incident to be considered reported the employee or agent must speak directly to one of the following managers: Administrator, Executive Director, Chief Executive Officer.<br>3. If the allegation is one of the following situations the Administrator or designee will contact law enforcement by calling 911 or the local emergency number: When there is reasonable suspicion that a crime has been committed:<br>a. within 2 hours if the events that cause the reasonable suspicion result in serious bodily injury to an individual.<br>b. within 24 hours if the events that cause the reasonable suspicion do not result in serious | Z9999 | | |

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| Z9999 | Continued From page 7<br>bodily injury to an individual.<br>4. The employee will write a detailed, factual statement regarding the incident on a Progress Note (GP-15) prior to leaving the shift."<br><br>The Facility's Policy 5.57 (revised 5/19) titled, "Physical Injury and Illness/Individual Medical Emergencies" documents in part, "Definitions:<br>Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting harm, pain, or mental anguish.<br>Neglect: Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.<br>8. The home shall notify the Department of any incident or accident, which has, or is likely to have a significant effect on the health, safety, or welfare of an individual or individuals.<br>A. Within 24 hours, notify IDPH by a telephone call or fax to the Regional office."<br><br>Interview with R1 on 6/30/21 at 3:00 PM, R1 was asked what happened on 6/27/21? R1 stated, "So I was outside this past Sunday. I was sitting in a chair and R3 pulled my pants and underwear down. I pulled my pants up and went and told E3/Direct Service Personnel (DSP). E3/DSP told R3 to go inside."<br><br>Interview with R2 on 6/30/21 at 2:30 PM, R2 was asked what happened on 6/27/21 between R1 and R3? R2 stated, "While I was smoking by the van I saw R3 pull down R1's pants outside. I saw R1's behind. (R1) pulled her pants back up. So I went to tell the staff E3/DSP who was working by himself. E3/DSP went outside and talked to R2 and R3."<br><br>Interview with R3 on 6/30/21 at 2:40 PM, R3 was | Z9999 | | |

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| Z9999 | Continued From page 8<br><br>asked what happened on 6/27/21 with R1, R3 stated, "I pulled her pants down outside." When R3 was asked if he had done anything else, R3 stated, "I showed my privates to her in the doorway like a few weeks ago."<br><br>Interview with Z1/Visitor, on 6/30/21 at 12:20 PM, Z1 stated, "R1 and R2 told Z1 that R3 dropped his pants in front of R1 a few weeks ago. On 6/27/21 when R1, R2 and R3 were outside R3 pulled R1's pants and underwear down." Z1 further stated, "R1 does not want this relationship and is not consenting to this. Z1 also stated it makes her upset and very uncomfortable."<br><br>Interview with R7 on 7/1/21 at 2:00 PM, R7 was asked if R3 had been inappropriate? R7 stated, "Yes, especially with R1. R3 likes to yell and scream at R1 and staff. R3 throws things." when asked what do staff do when he starts threatening? R7 stated, "R3 gets mad about the menu and they have to threaten to call the police. One staff quit yesterday just walked out."<br><br>Interview with E3/DSP on 7/1/21 at 3:00 PM, E3/DSP was asked what happened between R1 and R3 on 6/27/21? E3/DSP stated, "R1 and R3 were outside and R3 pulled down R1 pants and underwear for everyone to see around 8:30-9:00 PM, out front of the building on the porch. When I got outside R1 was sitting crying in a chair, (R1) had pulled her pants up. R3 went in his bedroom and R1 hovered around me the rest of the night." E3/DSP was asked if he completed a GP-15. E3/DSP stated, "I did fill out a GP-15/progress note and slid it under the office door." E3/DSP was asked if he called the Administrator, E3/DSP stated, "I thought she would come in and see the GP-15. It is hard to reach Administration on the weekends. I did not call the Administrator. | Z9999 | | |

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| Z9999 | Continued From page 9<br><br>"E3/DSP was asked if there were any other incidents where R1 was inappropriate, E3/DSP stated, "(R3) did expose himself to her a couple weeks ago." E3/DSP confirmed there was not a GP-15 for that incident.<br><br>Interview with E1/Administrator on 6/30/21 at 2:30 PM, E1/Administrator was asked if there was a GP-15 or any investigation into the incident on 6/27/21, or when R3 exposed R3's privates to R1. E1/Administrator stated, "No."<br><br>Interview with E1/Administrator on 6/30/21 at 3:00 PM, E1 was asked if there was a plan in place to protect R1 from further incidents? E1 stated, "No I had not initiated an investigation I just found out. I talked to R3 today and R1 just briefly. I just called to see if we could get staff from another house, so we would have two. If not it will be me staying. E1 was asked about if the police were notified of the allegation of abuse, E1/Administrator stated, "No, I have not notified the police." E1/Administrator confirmed that she should have been notified on 6/27/21, by phone after the incident and initiated an investigation as per facility policy.<br><br>The Facility could provide no reproducible evidence of an investigation into either of the allegations of abuse by the Investigative Committee.<br><br>The facility could not provide reproducible evidence of a GP15/progress note, Investigative Committee meeting, or of a specific plan to protect R1 from further abuse by R3.<br><br>Interview with E1/Administrator on 6/30/21 at 2:30 PM, E1/Administrator was asked if there was a GP-15 or any investigation into the incident on | Z9999 | | |

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| Z9999 | Continued From page 10<br>6/27/21 between R1 and R3, E1/Administrator stated, "No." E1/Administrator confirmed IDPH had not been notified of the allegation of abuse.<br><br>The Facility could provide reproducible evidence Administration had been notified immediately of either incident or that IDPH was notified according to facility policy.<br>The Facility could not provide evidence of investigation or notification to IDPH of the allegation of abuse.<br><br>2) Facility Roster (undate) provided by facility 06/30/2021 identifies:<br>R2-R5 functioning within the mild range for Individuals with Intellectual Disabilities (IID); R1 and R6-R12 are identified functioning within the moderate range for IID; and R13 is identified as functioning within the severe range for IID.<br>Individual Program Plans (IPP) at the facility document:<br>Five residents (R2, R3, R4, R5, and R7) function within the Mild range of Individuals with Intellectual Disabilities (IID); and eight residents (R1, R6, R8, R9, R10, R11, R12 and R13) function within the Moderate range of IID.<br>Five residents living in the facility (R2, R5, R6, R9, and R12) are diagnosed with a seizure disorder; eight residents living in the facility (R3, R4, R5, R8, R9, R10, R11, and R12) have formal behavioral plans to address behaviors; and three individuals living in the facility (R2, R4, R8) are diagnosed with significant medical issues.<br><br>R1's Individual Service Plan/ISP dated 4/24/20, indicates R1 functions in the Moderate Range of Intellectual Disabilities with additional diagnosis of Mild Cerebral Palsy, Irritable Bowel Syndrome.<br>R1 has the following programs: | Z9999 | | |

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| Z9999 | Continued From page 11<br>1) R1 will independently sign a copy of the Medication Administration Record/MAR after taking 9:00 PM medications by 4/30/21.<br>2) R1 will balance her check book with independence by 4/29/21.<br>3) R1 will help prepare a dish for dinner twice a week by 4/27/21.<br><br>Program documentation for R1 was requested, however, no documentation was received. The facility was not able to provide evidence that R1's Active Treatment Programs are being ran as scheduled. There is no evidence of a more current ISP.<br><br>R2's ISP dated 5/1/20, indicates R2 functions in the Mild Range of Intellectual Disabilities with additional diagnoses of Asthma, Arthritis, Hypertension, Seizure Disorder, Allergies, History of heart surgeries.<br>R2 has the following programs:<br>1) R2 will balance his check book completely with independence by 5/30/21.<br>2) R2 will prepare dinner with independence by 5/29/21.<br>3) R2 will self-administer all of his medications by 5/31/21.<br><br>Program documentation for R2 was requested, however, no documentation was received. The facility was not able to provide evidence that R2's Active Treatment Programs are being ran as scheduled. There is no evidence of a more current ISP.<br><br>R3's ISP dated 4/10/20, indicates R3 functions in the Mild Range of Intellectual Disabilities with additional diagnoses of Autism Spectrum, Pervasive Developmental Disorder, Intermittent Explosive Disorder and Conduct Disturbance. R3 | Z9999 | | |

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| Z9999 | Continued From page 12<br>displays behaviors of verbal aggression (yelling or arguing with staff and peers), inappropriate touching with his fellow peers, rough house, make sexual gestures/comments, kiss, grab and hang on his fellow peers even after they ask him to stop. R3 has programs for physical aggression, verbal aggression and inappropriate behaviors. There is no evidence of a more current ISP.<br>R3 has the following programs: Self Medication, Money Management, Community Access (Maintenance), Social Services and Behavior Programs for Inappropriate Behavior and Physical and Verbal Aggression.<br><br>R3's Priority Program Goals include:<br>1) R3 will be able to give a dollar more to money combinations by 4/29/21.<br>2) R3 will be able to walk to various destinations in the community without supervision by 4/28/21.<br>3) R3 will be able to sign his MAR after taking his 7:00 AM medications by 4/27/21.<br>4) R3 will exhibit 0 incidents of verbal or physical aggression by 4/30/21.<br>5) R3 will exhibit 1 or less incidents of inappropriate touching by 4/30/21.<br><br>a) R3's data for medication to be documented on daily at 7:00 AM;<br>In January 2021, 10 of 31 opportunities were documented.<br>In February 2021, 3 of 28 opportunities were documented.<br>In March 2021, 18 of 31 opportunities were documented.<br>In April 2021, 11 of 30 opportunities were documented.<br>In May 2021, 0 of 30 opportunities were documented.<br>In June 2021, 6 of 30 opportunities were | Z9999 | | |

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| Z9999 | Continued From page 13<br>documented.<br><br>b) R3's data for Money Management to be documented on two times a week Tuesday and Thursday;<br>In January 2021, 3 of 8 opportunities were documented.<br>In February 2021, 1 of 8 opportunities were documented.<br>In March 2021, 0 of 9 opportunities were documented.<br>In April 2021, 0 of 8 opportunities were documented.<br>In May 2021, 0 of 8 opportunities were documented.<br>In June 2021, 0 of 9 opportunities were documented.<br><br>c) R3's data for Community Access, staff is to ask R3 where he would like to walk or ride his bike and monitor while going to these locations on Monday and Fridays;<br>In January 2021, 1 of 8 opportunities were documented.<br>In February 2021, 0 of 8 opportunities were documented.<br>In March 2021, 1 of 9 opportunities were documented.<br>In April 2021, 0 of 8 opportunities were documented.<br>In May 2021, 0 of 9 opportunities were documented.<br>In June 2021, 2 of 9 opportunities were documented.<br><br>d) R3's data for Social Services (home activities, outings, phone calls, visits).<br>In January 2021, the are 9 documented days.<br>In February 2021 there are 4 documented days.<br>In March 2021, there are 4 documented days. | Z9999 | | |

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| Z9999 | Continued From page 14<br>In April 2021, there are 3 documented days.<br>In May 2021, there 0 documented days.<br>In June 2021, there are 0 documented days.<br><br>The facility was not able to provide evidence that R3's Active Treatment Programs are being ran as scheduled.<br><br>R4's ISP dated 3/25/20, indicates R4 functions in the Mild Range of Intellectual Disabilities with additional diagnoses of Bi-polar disorder, Sleep Apnea. R4 is on a behavior program for aggression as defined as bossing peers, saying mean things, calling names, threatening, and yelling. There is no evidence of a more current ISP.<br><br>R5's ISP dated 2/12/21, indicates R5 functions in the Mild Range of Intellectual Disabilities with additional diagnoses of Seizure Disorder and Obsessive Compulsive Disorder/OCD.<br><br>R6's ISP dated 1/22/21, indicates R6 functions in the Moderate Range of Intellectual Disabilities with additional diagnoses of Seizure Disorder.<br><br>R7's ISP dated 2/23/21, indicates R7 functions in the Mild Range of Intellectual Disabilities with additional diagnoses of Depressive Disorder.<br><br>R8's ISP dated 7/30/20, indicates R8 functions in the Moderate Range of Intellectual Disabilities with additional diagnoses of left leg above the knee Amputation and uses a wheelchair. R8 has two behavior programs, one is for aggression defined as hitting kicking and pushing. R8's second program is for inappropriate social behavior defined as hugging, kissing, smelling and squeezing hands. R8 is on a general diet with meat to be chopped to avoid choking due to rapid | Z9999 | | |

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| Z9999 | Continued From page 15<br>intake of food and swallowing without chewing.<br><br>R9's ISP dated 6/10/21, indicates R9 functions in the Moderate Range of Intellectual Disabilities with additional diagnoses of Seizure Disorder and Psychotic Disorder. R9 has a history of getting very upset and sometimes engaging in suicidal ideation.<br><br>R10's ISP dated 8/7/20, indicates R10 functions in the Moderate Range of Intellectual Disabilities. R10 has exhibited agitation and anxiety at the home, pushing past other individuals.<br><br>R11's ISP dated 3/31/20, indicates R11 functions in the Moderate Range of Intellectual Disabilities. R11 has displayed episodes of physical aggression and tantrum behavior. There is no evidence of a more current ISP.<br><br>R12's ISP dated 8/14/20, indicates R12 functions in the Moderate Range of Intellectual Disabilities with additional diagnosis of Petit mal seizures with monitoring during showers. R12 is on a behavior program for stealing, crying and cursing.<br><br>R13's ISP dated 3/25/20, indicates R13 functions in the Moderate Range of Intellectual Disabilities with additional diagnosis of Autistic disorder and Chronic Schizoaffective disorder. There is no evidence of a more current ISP.<br><br>Surveyor requested QIDP monthly summaries for the last three months. The facility could provide no reproducible evidence in R1, R2 and R3's record to indicate the QIDP has completed monthly summaries for the last 3 months.<br><br>Interview with E1/Administrator on 6/30/21 at 2:30 PM, 2021." E1/Administrator stated, "We have | Z9999 | | |

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| Z9999 | Continued From page 16<br>been without a QIDP for several months and do not have QIDP monthly summaries for the last 3 months."<br>E1/Administrator confirmed the ISP's were outdated for R1, R2, and R3. E1 stated "ISP's were outdated and the facility has not had a Qualified Intellectual Disability Professional since April."<br><br>There is no evidence that R1, R2, R3, R4, R11 and R13's ISP's have been updated since 2020.<br><br>Interview per phone with E11/floating Qualified Intellectual Disability Professional/QIDP on 7/14/21 at 3:30 PM, E11/floating QIDP confirmed that the programs are not being documented as required. E11 was asked what the documentation of 0 means? E11 stated, "they are not documenting it correctly in the computer."<br><br>3) The Facility's Policy 5.16 (revised 10/17) titled, "Staff Schedules for ICF/DD 16 bed or less homes and CILA's" documents in part, "Policy: It is the policy of the home to employ sufficient qualified staff and to schedule them in a manner which meets the needs of the individuals served."<br><br>Facility's Job Description (revised 3/21) titled, "Direct Support Person/ DSP" documents in part, "Primary Duties: 1. Supervise and assist individuals in activities of daily living. 2. Implement active treatment program and document individuals's progress. 5. Clean home in order to maintain a safe homelike environment.<br><br>The facility's schedules for May and June of 2021, was reviewed. There are currently 5 staff scheduled to cover 3 shifts and one Direct Service Personnel/DSP covering the second shift | Z9999 | | |

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| Z9999 | Continued From page 17<br>for May and June 2021.<br><br>Review of staff time sheets from 6/21-6/29/21. On 6/24/21 and 6/26/21-6/29/21 there was one staff scheduled in the building for approximately 4-6 hours on the afternoon shift.<br><br>Observations on 6/30/21 from 12:30 PM-4:30 PM, E2/DSP was the only staff working, passing meds (medications) and preparing the dinner meal.<br><br>Observations on 7/1/21 from 12:30 PM-3:00 PM, E2/DSP was working alone till E3/DSP came in at 3:00 PM.<br><br>Observations of the facility were conducted on 7/10/21 from 3:15 PM-8:20 PM, E3/DSP was working alone until E6/DSP came in at 6:50 PM and E3 went home. At 4:20 PM, E3/DSP was passing meds then went to the kitchen to prepare the supper meal, while the individuals were throughout the house and outside. During the supper meal, R8 is on a chopped meats diet was sitting at the table across the room, with his back toward E3. R8 appeared not to chew his food at times before swallowing. At 6:10 PM, E3 was in the kitchen loading the dishwasher with R7 while R2, R5 and R12 are still eating in the dining room. At 6:30 PM, E3 was outside on the front porch with R1, R2, and R4. At 6:40 PM, R11 was in the bathroom on the toilet, with the door open. At 7:10 PM, E6 was the only staff working. While E6 was helping R11 in the shower, R2 assisted R8 with a phone call. Then E6 was baking cupcakes while R4 sat up an activity in the dining room. At 7:55 PM, E6 was putting a dressing on R11's lower leg and told R1 to go check on R12 in the shower. R4 got aggravated with R10 when handing out bingo cards, R7 told R4 to calm down and to stop being rude to R10. At 8:05 PM, | Z9999 | | |

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| Z9999 | Continued From page 18<br><br>E6 was calling bingo numbers in the dining room while R12 was in the bathtub with the door partially open. R12 got out of the tub with shampoo in her hair and asked surveyor to rinse her hair. Surveyor had to get E6 to assist R12. At 8:20 PM, E6 is in and out of the medication room passing medications and then getting the next person.<br><br>Observations of the facility were conducted on 7/11/21 from 4:15 PM-8:00 PM, E3/DSP was the only staff working at the facility until 7:10 PM, when E6 came in and E3 went home. At 4:20 PM, E3 was passing medications while R2 was in the kitchen making grilled cheese sandwiches for supper. At 5:15 PM, R7 was going through the house telling everyone to wash their hands for supper. During the supper meal, at 5:30 PM, R8's back was to E3 and R8 was drinking his soup from his bowl. After supper R9 was yelling and cursing then went to her bedroom and slammed the door. E3 went to R9's bedroom while R6 and R12 were still eating in the dining room. At 7:10 PM, E6 started assisting with the medication pass and R7 was getting the next person for their medications.<br><br>Interview with E2/DSP on 6/30/21 at 4:20 PM, E2 was asked how late she was working and if E2 would have anyone to help her? E2/DSP stated, "I am working till somebody shows up. "E2/DSP was asked what all would E2 would be doing?. E2/DSP stated, "Medication Pass, cooking, watching all the individuals."<br><br>During an interview on 7/9/21 at 10:30 AM, E2/Direct Service Personnel confirmed 5 of the individuals have a diagnosis of seizure disorder and 8 individuals have a formal behavior plan. One individual uses a wheelchair and one | Z9999 | | |

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| Z9999 | Continued From page 19<br>individual utilizes a walker. Three individuals have to be monitored for eating programs as their food has to be in bite size pieces.<br><br>Review of staff time sheets from 6/21-6/29. On 6/24, 6/26-6/29, there was 1 staff in the building for approximately 4-6 hours on the afternoon shift.<br><br>Observations on 7/10/21 from 3:20-8:20 PM, there was only 1 DSP in the facility.<br><br>Observations on 7/11/21 from 4:15-8:00 PM, there was only 1 DSP in the facility.<br><br>In an interview with E3/DSP on 7/1/21 at 3:00 PM, E3/DSP confirmed he was the only staff working on second shift. When E3 was asked how long has that been happening? E3/DSP stated, "A long time since last April."<br><br>Interview with E3/DSP on 7/10/21 at 3:50 PM, E3/DSP was asked if he and E6/DSP were the only ones working the weekend. E3 stated, "We are working 12 hour shifts so we can have a weekend off." E3 is working 7:00 AM-7:00 PM, and E6 is working 7:00 PM-7:00 AM. E3 confirmed that he and E6 would be covering the weekend.<br><br>Interview with E1/Administrator on 6/30/21 at 3:00 PM, E1/Administrator was asked how many staff should be working on second shift, E1/Administrator stated, "There should be 2 staff. There has only been one staff to cover second shift since late April 2021." E1/Administrator was asked if the DSP second shift is responsible for passing the medications, cooking as well as monitor the individuals, E1/Administrator confirmed they are. | Z9999 | | |

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| Z9999 | Continued From page 20<br><br>There is no evidence the facility staff are monitoring, supervising, or assisting individuals in activities of daily living and implementing active treatment programs. It was evident Residents were being relied upon to assist staff and manage other Residents.<br><br>There is no evidence the facility is following their policy to ensure sufficient staff are on duty to supervise, monitor, and intervene with Residents.<br><br>(B) | Z9999 | | |