STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012041	A. BUILDING: _____ B. WING _____	C 10/04/2021

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Z 000	COMMENTS COMPLAINT INVESTIGATION 2126627 / IL 138016 2127163 / IL 138657	Z 000		
Z9999	FINDINGS Statement of Licensure Violations: 350.620a) 350.810a) 350.1420a) 350.1430d) 350.1620d)15) 350.3240d) 350.3240f) Section 350.620 Resident Care Policies 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. Section 350.810 Personnel 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. At a minimum, there shall be at least one staff member awake dressed and on duty at all times. Section 350.1420 Compliance with Licensed Prescriber's Orders	Z9999	**Attachment A** **Statement of Licensure Violations**	

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Z9999	Continued From page 1 a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 350.1610. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered by the licensed prescriber and at the designated time. Section 350.1430 Administration of Medication d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record. Section 350.1620 Content of Medical Records d) In addition to the information that is specified above, each resident's medical record shall contain the following: 15) Appropriate authorizations and consents. Section 350.3240 Abuse and Neglect 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) f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of	Z9999		

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Z9999	Continued From page 2 a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act) These requirements are not meet as evidenced by: Based on observation, record review and interview, the governing body and management failed to: A. To monitor for patterns and trends of abuse and neglect of the individuals R2, R4, R5 and R11 who are physically abused by R3. This has the potential to affect all individuals living at the facility R1-R13. B. Accurately document the physical behaviors by R3 toward peers R2, R4, R5 and R11, who were physically abused by R3. C. Implement their policy to prevent neglect for 4 of 4 individuals (R2, R4, R5 and R11), when they failed to prevent R3 from physically abusing individuals in the home potentially affecting all 12 individuals (R1, R2, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13). D. Thoroughly investigate allegations of abuse and neglect from individuals reporting 8/17/21, they are scared of R3 and his behaviors. F. Have an IDT (Interdisciplinary Team) meeting to develop and implement preventative measures	Z9999		

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Z9999	Continued From page 3 for physical abuse from R3 towards residents in the home. In addition, monitor for patterns and trends of abuse and neglect of the individuals R2, R4, R5 and R11 who are physically abused by R3 This has the potential to affect all individuals living at the facility R1-R13. G. Implement their own policy for investigating trends and patterns of Incidents/Accidents to incorporate sufficient safeguards to prevent R3's physical abuse towards other residents in home H. Document assessments from nursing for injuries and illness; and, to document Quarterly Assessments for R1, R2 and R3. I. Provide adequate staffing to meet individual's health and safety needs. J. Ensure the Illinois Department of Public Health (IDPH) was notified of peer to peer with R3 physically abusing other residents in the home and facility not reporting an allegation of mental and physical abuse from R3. K. Ensure that staff were trained to perform their duties efficiently and competently when staff failed to perform fire evacuations as required quarterly on all shifts and to ensure all newly hired staff have participated in fire evacuations affecting all 13 individuals living in the facility, Ensure staff are trained prior to working with individuals alone affecting all 13 individuals living in the facility, ensure Active Treatment programs were completed and documented, as per the Individual Service Plan (ISP) for 3 of 3 individuals in the sample (R1-R3) and affecting 10 of 10 individuals outside the sample (R4-R13), and ensure supervision of individuals while eating for 1 of 1 individual observed to eat a doughnut in the	Z9999		

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Z9999	Continued From page 4 dining room with no staff supervision (R13). L. Ensure written guardian consent for behavior modifying medications for 1 of 2 individuals in the sample (R1) who requires behavior modifying medications. In addition, the facility did not document "Medication Errors" for R3, R6, R7, R8, R10, R11, and R13. Findings include: Facility submitted policy 5.57, "Physical Injury and Illness/Individual Medical Emergencies", Adopted 12/90; Revised 3/19, documents "Neglect: "Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness." Per Facility Policy 5.29 (Revised 3/19) Subject: Quality Assurance Committee. Policy: The home shall have a Quality Assurance Committee to QA review...medical issues and individual incident reports. Purpose: The Quality Assurance Committee assists Administration by ensuring practices and policies regarding...nursing services, home environment and individual safety meet regulatory standards and quality outcomes. Procedure 6. QA review Nursing and/or medical concerns pertaining to individual needs, home practices and infection control. 7. QA review all incidents and accidents: including issues that pose a safety risk to an individual, such as change of condition and unusual incidents (either resulting in observable injury or not resulting in observable injury), to ensure that no patterns or trends are occurring. Committee will implement a plan of correction when necessary to prevent future incidents or accidents. Facility Roster undated documents, 1 individual	Z9999		

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Z9999	Continued From page 5 function in the Mild Range of Intellectual Disability (R1); 5 individuals' function in the Moderate Range of Intellectual Disability (R6, R7, R9, R10, and R11); 3 individual functions in the Severe Range of Intellectual Disability (R2, R12, and R13); and 4 individuals' functions in the Profound Range of Intellectual Disability (R3, R4, R5, and R8). According to R3's Individual Service Plan dated 12/18/20, documents are R3 functions in the Severe Intellectual Disability Level with current diagnosis of Autism, Seizures, Speech Impairment, Mood Swings, Anxiety, and Bi-polar disorder. R3's Behavior Program Form last updated 5/20/21. Facility provided incidents (reported to Illinois Department of Public Health) and Behavior Progress Note provided from May 2021 to present: Behavior Progress Note dated 5/13/21, at 7AM, documents R3 was throwing small items and approached R11, and pushed her down. Peer to Peer on 5/14/21, R3 was agitated and struck R2 and R4. Peer to Peer on 5/17/21, R3 was agitated and struck R2. Progress Note on 5/18/21, documents R3 was hitting R2 with open hands on his head. Peer to Peer on 6/14/21, R3 approached R5 and struck him. Peer to Peer on 6/30/21, R3 approached R5 and struck him. Progress Note on 7/5/21, documents R3 shoved a resident by grabbing the other's head in back and shoved forward. Unknown peer. Peer to Peer on 7/16/21, R3 was agitated and struck R2.	Z9999		

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Z9999	Continued From page 6 General note dated 7/16/21, documents R3 was agitated yelling at staff and peers, hit peer once, and staff got him back in bed, 10 Minutes later R3 came out hit peer again resulting in bent glasses. Unknown peer. Peer to Peer on 7/21/21, R3 was agitated and struck R2. Peer to Peer on 7/26/21, R3 pushed R2 which he hit the wall and fell. Progress Note on 8/2/21, R3 was agitated when breakfast was not ready, he hit his peer and self and scratched peer and staff. Unknown peer. Progress Note on 8/30/21, documents R3 as having multiple episodes of physical aggression with staff and with peer, Emergency Medical Service called. Unknown peer. Peer to Peer on 9/10/21, R3 was agitated and struck R2. R3's Behavior Management/Individual Rights Committee dated 7/15/21, has " 0 " behaviors documented for April, May, and June. Tracking behaviors for Physical, Verbal aggression, Property Destruction, Inappropriate touching, taking others personal belongs, Invading others personal space, and entering other rooms without permission. Illinois Crisis Prevention Network (SST) is involved in R3's care since 1/21/20. There is no evidence of R3's Behavior Program being amended since 5/20/21. In an interview with E2, Administrator on 9/21/21 at 11:05 AM, E2 confirmed 5/20/21 is the last update. Facility submitted policy 5.24, "Investigative Committee", Adopted 07/03, Revised 04/19, documents under "Purpose" The Investigative Committee shall be responsible for the following:	Z9999		

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Z9999	Continued From page 7 A. To identify, review, and determine if alleged violations of any individual's rights, including abuse and neglect have occurred. B. To investigate allegations in a professional and impartial manner C. To protect individuals from further harm. Under "Procedure" page 3, J. If the allegation is that another individual committed an act of abuse, appropriate action will be taken to safeguard the other individuals." 8/17/21 documented "R3 has been more aggressive then in the past. R3 was grabbing staff and scratching staff. He started banging his head on the walls and the fire alarm, he grabbed my upper arms and dug his nails in, the facility did not answer the phone when called. R3 continued to get angrier, using his headphones as a weapon, breaking items, throwing things. Last week clients are telling Z1, Day Training Supervisor how scared they are of R3. Z1 helped a housemate write a letter to the administrator regarding her concerns. At this time, we would like to start the process of discharging R3 from day training. R3's needs cannot be met by this day training to ensure physical safety of the individual or others as documented weekly in these reports. We cannot continue to put clients and staff in harm's way." In an interview with Z1, on 9/16/21, at 8:12 AM, Z1 stated "this has been going on for a while. Right before COVID he was getting iffy. He wouldn't get out of bed. They have ICPN involved, but they don't tell them anything. It is taking 3 of us to get him off of people. I have emailed E2, Administrator about a month ago telling her about the housemates concerns and being scared of R3. Individuals want to move out of the house and get away from R3."	Z9999		

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Z9999	Continued From page 8 In an interview with Z2, Day training instructor, on 9/16/21, at 8:54 AM, Z2 stated "We have had issues with R3 lately. The ones from the home are scared for their safety." Residents were interviewed on 9/16/21 at 9:01 AM to 10:35 AM, R1, R2, R5, R7, R8, R9, R11, and R13 all indicate they were afraid of R3. There is no evidence of an investigation into the concerns of the individuals being afraid of R3 from the 8/17/21 email to E2 Administrator. In an interview with E2, Administrator, on 9/21/21 at 9:53 AM, E2 Administrator stated, "I didn't know about these concerns until I talked with R1 per phone on 9/17/21 Friday." E2 stated "no investigation for patterns and trends." In an interview with E2, Administrator, on 9/21/21 at 4:50 PM, E2 Administrator confirmed no safety meetings had taken place. There has been no safeguards put in place for the residents to ensure their safety from R3. Per Facility Policy NO: 7.02, Nursing Services; Adopted: 10/84, Revised 02/19, page 2, #4, documents "The Registered Nurse Trainer shall complete individual's health assessments, review monthly physician's orders and lab results, provide consultation with appropriate medical professionals and management staff during routine scheduled and PRN visits to homes." Review of facility incident reports and progress notes: Peer to Peer on 5/14/21, R3 was agitated and	Z9999		

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Z9999	Continued From page 9 struck R2 and R4. Peer to Peer on 5/17/21, R3 was agitated and struck R2. Progress Note on 5/18/21, documents R3 was hitting R2 with open hands on his head. Progress Note on 7/5/21, documents R3 shoved a resident by grabbing the other's head in back and shoved forward. Unknown peer. Peer to Peer on 7/16/21, R3 was agitated and struck R2. General note dated 7/16/21, documents R3 was agitated yelling at staff and peers, hit peer once, and staff got him back in bed, 10 Minutes later R3 came out hit peer again resulting in bent glasses. Unknown peer. Peer to Peer on 7/21/21, R3 was agitated and struck R2. Peer to Peer on 7/26/21, R3 pushed R2 which he hit the wall and fell. Progress Note on 8/2/21, R3 was agitated when breakfast was not ready, he hit his peer and self and scratched peer and staff. Unknown peer. Progress Note on 8/30/21, documents R3 as having multiple episodes of physical aggression with staff and with peer, Emergency Medical Service called. Unknown peer. Peer to Peer on 9/10/21, R3 was agitated and struck R2. Review of Day training site incident reports, provided from Day training site sent to facility and Illinois Crisis Prevention Network (ICPN): 5/19/21 documented, "New behavior for R3, he is going for the throat of our staff, he is showing increased aggression and yelling that staff from other rooms have to close their doors from the disturbances." 6/14/21 documented "R3 hit another client R5, R3	Z9999		

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Z9999	Continued From page 10	Z9999		

continued to yell and cuss, he went back to the table and cleared off the computer. He spit on anyone around and began beating the back of his head against the wall. We had 1 staff stay with him and he attacked her by clawing and slapping at her."

6/16/21, R3 had a behavior because he wanted to go home, he was hitting and spitting at staff, he knocked over the computer cabinet, and was hitting his head on the wall and glass. R3's housemates were scared and screaming to have him stop.

6/30/21 documented "R3 wanted to go home and when we said after his medication, he ran into the classroom and hit R5. He came after staff, as well, when we put ourselves between him and the clients. He continued to escalate by hitting, kicking and spitting at staff. He saw his QIDP E3, come to pick another client up for an appointment but he wanted to go home. R3's behavior continued to get worse until we called the Administrator E2, to see if we could send him home. E2, made arrangements for staff to go to the house and be there for R3."

7/13/21 documented, "R3 had uncontrolled behaviors with banging walls and property destruction, screaming and hitting. R3 was biting his left arm, he tripped staff and fell himself. He began throwing ice packs and water bottles, once he learns he is going home he will calm down."

7/16/21 documented "R3's behavior started with him wanted to go home, He cleared my desk and staff had to intervene. He grabbed a house mates' wrist and took the cooler out to the bus. Housemates said he was hitting peers and staff at home before the bus came."

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Z9999	Continued From page 11	Z9999		

8/17/21 documented, "R3 has been more aggressive then in the past. R3 was grabbing staff and scratching staff. He started banging his head on the walls and the fire alarm, he grabbed my upper arms and dug his nails in, the facility did not answer the phone when called. R3 continued to get angrier, using his headphones as a weapon, breaking items, throwing things. Last week clients are telling Z1, director how scared they are of R3. Z1 helped a housemate write a letter to the administrator regarding her concerns. At this time, we would like to start the process of discharging R3 from day training. R3's needs cannot be met by this day training to ensure physical safety of the individual or others as documented weekly in these reports. We cannot continue to put clients and staff in harm's way."

9/15/21 documented "R3 wanted to go home, started aggressive behaviors towards staff, we tried calling the home but no answer. I put him on the bus, and we had to wait till 1 PM because no staff was in the building."

In an interview with Z4, Illinois Crisis Prevention Network (ICPN) Director and Z5, Qualified Intellectual Disability Professional (QIDP)/ICPN on 9/23/21 at 9:35 AM, Z5 stated "We have offered training to the facility, but they are not interested. We are unaware of any behaviors at home that R3 is having. We have asked month after month with not much success of communication between us and the facility. We have tried emailing E2, Administrator and E3, QIDP and get no response." Z5 (QIDP) stated "We are in contact with the day training and have offered training to staff and we have observed R3 at day training. We are aware that on 8/17/21 because of R3's aggressive behaviors he was

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suspended from the day training site. Z1, Day Training Supervisor agreed to take him back on a trail bases with medication changes in place. Again R3's behaviors are out of control and he was discharged from day training on 9/17/21."

There is no evidence of R3's Behavior Program being amended since 5/20/21.

There is no evidence of an investigation into the abusive behavior of R3 towards housemates to monitor for patterns and trends.

In an interview with E2, Administrator, on 9/21/21 at 9:53 AM, E2 Administrator stated, "there is no investigation for patterns and trends."

In an interview with E2, Administrator, on 9/21/21 at 4:50 PM, E2 Administrator confirmed no safety meetings had taken place.

There is no evidence of reporting peer to peers and allegations of abuse to IDPH.

In an interview with E9, Executive Assistant, on 9/16/21 at 4:00 PM, E9 stated "this is all the reportable's I could find."

There is no nursing assessment for any individual who was physically aggressed by R3.

On 9/23/21 at 9:24 AM, called E10 Registered Nurse Trainer, message left, no returned call.

In an interview with E2, Administrator, on 9/21/21 at 9:53 AM, E2 Administrator stated, "I didn't know about these concerns until I talked with R1 per phone on 9/17/21 Friday." E2 stated "no investigation for patterns and trends."

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Z9999	Continued From page 13 There is no evidence of nursing assessment in the chart for R2 or R3. On 9/23/2021 at 9:24 AM, call placed to E10 (Registered Nurse - Trainer), message left. No return call received. R1 per the "Health History and Assessment" dated 6/5/2020, has diagnoses listed as Mild Intellectual Disability, Depression, Autism, Myopia with Astigmatism, Esotropia, and Nightmares. During chart review, R1's Annual Assessment is dated 6/5/2020. R1 has quarterly nursing assessments dated 3/9/2021, 12/31/2020, and 9/29/2020. There is no evidence of a more current nursing assessment for R1 since 3/2021. R2 per the "Health History and Assessment" dated 10/28/2020, has diagnoses listed as Moderate Intellectual Disability, Cerebral Palsy, Hypertension, CVA, Renal Insufficiency, Cerebral Aneurysm, Urinary Incontinence, and Unsteady Gait. During chart review, R2's Annual Assessment is dated 10/28/2020. R2 has quarterly nursing assessments dated 4/12/2021, and 1/20/2021. There is no evidence of a more current nursing assessment for R2 since 4/2021. R3 per the "Health History and Assessment" dated 9/14/2020, has diagnoses listed as Severe Intellectual Disability, Autism, Seizure Disorder, Bipolar Disorder, Speech Impairment, Mood Swings, Hyperammonemia, Vomiting and Constipation.	Z9999		

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Z9999	Continued From page 14 During chart review, R3's Annual Assessment is dated 9/14/2020. R3 has quarterly nursing assessments dated 3/8/2021, and 12/31/2020. There is no evidence of a more current nursing assessment for R3 since 3/2021. According to reported incident dated 9/10/21, documents "on 9/9/21, R13 became agitated on bus and became physically aggressive towards peers including R6 who sustained scratches on his neck. On 9/10/21 R13 woke up with facial swelling and she was transported to hospital and treated for an abscess related to her teeth. A dental appointment has been scheduled." R13 has no nursing assessment or note in chart. During record review, R1's ISP (Individual Service Plan) is dated 7/1/2020, with diagnoses of Mild Intellectual Disability, Autism, and Depression. There is no evidence of a more current ISP for R1. In an interview on 9/17/2021 at 1:45 PM, when asked if R1 had a more current ISP, E2 (Administrator), stated "if it is not in the chart, I don't have it." 1) R1's 7/1/2020 ISP documents the following programs: Checkbook - write out her checks, keep her checkbook with a running balance (suspended due to COVID-19) Community Shopping (suspended due to COVID-19) Oral Hygiene - completed Oral Hygiene independently	Z9999		

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Z9999	Continued From page 15 Self Medication Internet Safety Fabric Face Covering procedure In review of the September 2021 data sheet, there is no documentation of R1's programs being ran. During record review, the last monthly QIDP note is dated January 2021. There is no evidence of any more current QIDP monthly summary notes for R1. 2) R2's ISP dated 11/25/2020 documents the following programs: Self Medication Money Management Oral Hygiene Laundry Skills Fabric Face Covering Procedure In review of the September 2021 data sheet, there is no documentation of R2's programs being ran. During record review, the last monthly QIDP note is dated January 2021. There is no evidence of any more current QIDP monthly summary notes for R2. 3) R3's ISP dated 12/18/2020 documents the following programs: Name Writing Economic Self-Sufficiency Oral Hygiene Self Medication Desensitization of Fabric Face Covering Aggression	Z9999		

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Z9999	Continued From page 16 In review of the September 2021 data sheet, there is no documentation of R3's programs being ran. During record review, the last monthly QIDP note is date January 2021. There is no evidence of any more current QIDP monthly summary notes for R3. E3 (QIDP) in an interview on 9/17/2021 at 1:20 PM, when asked if there were monthly QIDP summaries for R1, R2, and R3, E3 (QIDP) stated "No." E1 (QIDP-Trainer) in an interview on 9/16/2021 at 2:25 PM, when asked if staff were to document programs, E1 (QIDP-Trainer) stated, "staff should be documenting the programs." 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." Review of Facility Policy 5.22 titled "Staff training and orientation" under a section titled Procedure is written, "All staff shall receive training prior to unsupervised responsibility for direct care service unless trained personnel are on sight and available for on the job training or they demonstrate evidence of prior training and competence in the following areas: Personnel policies (5.01), Employee Attendance (5.09), Investigative Committee (5.24), Emergency	Z9999		

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Z9999	Continued From page 17 Preparedness (5.25), Infection Control (5.26), Evacuation Policy & Procedure (5.28), including safety, fire & disaster procedures, Quality Assurance Committee (5.29), Individual Rights (5.34), Missing Individuals (5.39), HIPAA (Health Insurance Portability and Accountability Act) policy (5.42, Individual Rape or Sexual Assault (5.52), Drug/Alcohol Testing (5.54), Physical Injury & Illness (5.57), the techniques associated with monitoring and regulating hot water temperatures prior to an individual's use policy (6.03), Suicidal - Awareness, Risks, and Behaviors (6.10), Banking policy (6.25), Blood Borne Pathogens (7.15), CPR (cardiopulmonary resuscitation), Heimlich maneuver and first aid, including the location of first aid supplies, Concepts of treatment, habilitation and rehabilitation, including behavior management, normalization and age appropriateness, depending on the needs of the individual served, Nature, structure of development and implementation of the individual service plan, Symptoms of Tardive Dyskinesia, Development and implementation of an individual services plan, formal assessment instruments used and their role in the development of the individual services plan, Documentation and record keeping requirements and Training specific to Individuals Served." 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 individual's progress." Observations on 9/16/2021 from 1:00 PM to 5:00 PM, there are 3 staff on: E4 (Direct Service Person - DSP), E5 (DSP-in training) and E6	Z9999		

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Z9999	Continued From page 18 (DSP-in training). There were no Active Treatment programs being ran during this time. At 4:40 PM, the supper meal was delivered. In an interview with E6, (DSP in Training) on 9/16/21, at 3:16 PM, E6 stated "yes we are short." In an interview with E5, (DSP in Training) on 9/16/21, at 3:50 PM, E5 stated "we have been short staffed so we can't do active treatment." Observation of 4 PM med pass with E4, DSP, on 9/16/21, at 4:00 PM, E4, DSP did not run any medication programs with the individuals R6, R7, R10, and R12. In an interview on 9/16/21 at 4:30 PM, E4 was asked do you run any programs during med pass? E4 stated "No". In an interview on 9/16/2021 at 4:40 PM, E5 (DSP in training) stated food is delivered frequently for supper because there is no cook. E5 further stated they have a part time cook only. In an interview with R1 and R11, on 9/16/21, at 8:00 PM, R1 and R11 both confirmed no programs have been run. In an interview on 9/16/2021 at 8:00 PM, E5 (DSP-in training) stated she has been working at the facility since 7/19/2021 and there has only been 4 staff to cover the shifts. Observations on 9/18/2021 from 7:00 AM to 8:51 AM, one staff E3 Qualified Intellectual Disabilities Professional (QIDP) was present in the facility. E3 stated that the second called off and she is the only staff working. R3 was observed to be sleeping in the recliner in the living room. R2 was	Z9999		

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Z9999	Continued From page 19	Z9999		

sitting at the activity table, R4 and R7 was sitting in the living room. E3 was in and out of the office/medication room administering medications with the door open at times. The dining room tables were set for the breakfast meal, with milk and juice sitting out on the tables, and the egg casserole and sausage was in the oven cooking. At 8:25 AM, E3 was in R8's room with the door closed getting her out of bed. E2 (Administrator) arrived at 8:51 AM and went to the kitchen.

Observations on 9/18/2021 at 9:00 AM, R13 went to the pantry, came out with a doughnut, sat at the table eating it. At 9:15 AM, R13 went back into pantry and got another doughnut, sat at table eating it.

There was no staff supervision in the dining room while R13 was eating the doughnuts.

The facility staff schedules for August and September 2021 were reviewed. There are currently 1 DSP, 1 part time cook/DSP, 3 DSP in-training, and the QIDP working to cover all 3 shifts.

On 9/21/2021 at 11:15 PM, E6 (DSP in-training) was the only staff working. E6 stated that E11 (DSP in-training) had called off work and quit.

In an interview with E6, (DSP in training) on 9/21/21 at 11:15 PM, E6 stated "I have not run a fire drill."

Per the 7/2021 Physician's Order Sheet (POS), R1 has diagnoses of Mild Intellectual Disabilities, Autism, Depression, Bipolar Nightmares, and PTSD (Post Traumatic Stress Disorder.

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Z9999	Continued From page 20 In review of the 7/1/2020 Individual Service Plan (ISP), R1 has a guardian. In further review of the 7/2021 POS, R1 receives Zoloft 12.5mg daily, Trileptal 150mg twice daily, and Minipress 1mg at bedtime. In review of R1's current consent for the Zoloft 12.5mg daily, it is dated 6/25/2020. There is no consent for Minipress. There is no evidence of a more current consent for R1's Zoloft and a consent for the Minipress. In an interview on 9/17/2021 at 1:45 PM, E2 (Administrator) stated "if it's not in the chart, I don't have it." In review of the 9/2021 Medication Administration Record, R13 was being administered Keflex 500 mg (milligrams), 1 capsule every 6 hours. There are no staff initials for the midnight doses on 9/12 and 9/13; no staff initials for the 6 am dose on 9/13 and the 6 PM dose on 9/13. R13 has a physician's order dated 9/10/2021 from the local Emergency Room for Keflex 500mg for a diagnosis of right facial cellulitis from a dental infection. Observation on 9/17/2021 at 1:20 PM with E3 (Qualified Intellectual Disabilities Professional - QIDP) present, R13's Keflex bubble pack had midnight doses for 9/12 and 9/13 still in the bubble pack. E3 stated that E10 (Registered Nurse - Trainer) told her to hold them due to a conflicting order with the Dentist.	Z9999		

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Z9999	Continued From page 21 In review of a "Medication Error Report" dated 9/19/2021, it documents, "While passing noon med staff noticed the workshop card for R13's noon dose was still in med cabinet." There is no evidence that R13 received Keflex as ordered by the physician and no documentation to hold the Keflex from the physician or E10. In review of other Medication Error Reports: On 8/17/21, R13 did not receive Acetaminophen 500mg, and on 9/7/21, R13 did not receive her Levothyroxine. R3 did not receive his Chlordiazepoxide on 6/6/21, 6/7/21, 6/8/21, 6/25/21, 7/1/21, 8/3-8/8/21, and R3 did not receive his Risperidone on 9/1/21. Staff signed the Medication Administration Record (MAR) for R6's Primidone, but it was not given. R7 did not receive his Warfarin on 7/2/21, 8/4/21, and 9/7/21. R8 did not receive Tizanidine on 8/9/21. On 5/2/21, staff gave R10 his Famotidine but did not sign the MAR. On 8/8/21 and 8/11/21, R10 did not receive the Famotidine but staff signed the MAR. R11 did not receive her Atorvastatin on 7/1/21. There is no evidence of the Registered Nurse Trainer reviewing errors and assessing individuals. In an interview with E2, Administrator, on 9/21/21, at 9:53 AM, E2 was asked who is responsible for	Z9999		

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Z9999	Continued From page 22 nursing care here? E2 stated "E10." On 9/23/2021 at 9:24 AM, call placed to E10 (Registered Nurse - Trainer), message left. No return call received. (B)	Z9999		