

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

PRINTED: 10/05/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/11/2018
NAME OF PROVIDER OR SUPPLIER REM IOWA-WASHINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1307 NORTH FIFTH AVENUE WASHINGTON, IA 52353		
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W 000	INITIAL COMMENTS At the time of the investigation of #78041-I concerns were noted in the area of Active Treatment, specially regarding providing an appropriate level of intervention, supervision and monitoring for a client with a known history of pica (ingestion of non-edibles). This resulted in a determination of Immediate Jeopardy (IJ). The facility was notified of the IJ on 9/06/18 at 3:20 p.m. The facility submitted a plan which included a revised behavior program with more specific information related to environmental checks and checks of the client's clothing. Staff were retrained regarding the revised program. Following an on-site visit to confirmed the implementation of the plan, the IJ was removed at 11:45 a.m. on 9/10/18. A Condition Level deficiency was cited at W195. Standard Level deficiencies were cited at W196, W249 and W257.	W 000			
W 195	ACTIVE TREATMENT SERVICES CFR(s): 483.440 The facility must ensure that specific active treatment services requirements are met. This CONDITION is not met as evidenced by: Based on observations, interviews and record review the facility failed to maintain compliance with the Condition of Participation-Active Treatment. Client #1 had increased frequency and severity of incidents of pica (ingestion of non-edibles) and unsafe food items. These incidents were potentially dangerous to Client	W 195			

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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W 195	Continued From page 1 #1's health and well-being. The facility failed to take steps to address the increased behavior, which was a health and safety concern for Client #1. Cross Reference W196: Based on observations, interviews and record review, the facility failed to provide and implement aggressive programming for a client with a known history of pica (ingestion of inedibles) and ingestion of unsafe food items. The client's behavior increased in frequency and potential severity, but the behavior program was not modified to address the increased incidence. Cross Reference W249: Based on observations, interviews and record review, the facility failed to ensure staff consistently implemented a behavior support program (BSP) to reduce pica and consumption of unsafe food items for Client #1 who had a known history of ingesting non-edibles and unsafe food items. The facility failed to implement interventions that were sufficient to ensure Client #1's safety. Cross Reference W257: Based on interviews and record review, the facility failed to revise a behavior program when a client's behaviors increased in frequency and potential severity.	W 195			
W 196	ACTIVE TREATMENT CFR(s): 483.440(a)(1) Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for	W 196			

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W 196	<p>Continued From page 2</p> <p>the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to provide and implement aggressive programming for a client with a known history of pica (ingestion of inedibles) and ingestion of unsafe food items. The client's behavior increased in frequency and potential severity, but the behavior program was not modified to address the increased incidence. This affected 1 of 1 client involved in the investigation of #78041-I (Client #1). Finding follows:</p> <p>1. Record review on 9/06/18 revealed a facility report regarding an incident that occurred on 8/30/18. According to the report, Client #1 coughed/vomited up a domino. During a follow-up medical appointment the next day, an x-ray revealed two foreign bodies in Client #1's abdomen, which appeared to be a paperclips. Client #1 was hospitalized on 8/31/18 for aspiration pneumonia. The treating physicians were reportedly not initially concerned about the two paperclips and believed they would pass naturally. However, the two paperclips were removed via colonoscopy on 9/04/18. Client #1's pneumonia resolved. He was discharged back to the facility on the afternoon of 9/05/18.</p> <p>2. Client #1 was a 57 year old male with diagnoses including: severe intellectual disability, mood disorder, impulse control disorder, Pacemaker, sigmoidectomy with colostomy, gastrostomy tube (G-Tube), pica,</p>	W 196			

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W 196	<p>Continued From page 3</p> <p>gastroesophageal reflux disease (GERD), dysphagia and astigmatism with myopia bilaterally. Client #1 had some verbal skills and was generally able to make his wants and needs understood by people who knew him. Client #1 was seriously ill and hospitalized from 2/03/18 to 3/06/18. While hospitalized, Client #1 received a pacemaker, a colostomy and a g-tube for nutrition, hydration and medications. Client #1 was in a weakened state upon discharge and recovered slowly. Prior to the hospitalization Client #1 was ambulatory. After discharge from the hospital, Client #1 primarily used a wheelchair for mobility. He could ambulate with staff assistance. Client #1 was hospitalized again from 5/04/18 to 5/18/18 for an ileus (inability of the intestine/bowel to contract normally and move waste out of the body). Client #1 was also diagnosed with pneumonia on 6/14/18 and received antibiotics for two weeks. Client #1 had been allowed to have a limited amount of pureed food items for pleasure feedings since May. Oral liquids must be thickened to a honey consistency and are also allowed in a limited amount.</p> <p>Client #'s Plan of Care (POC) team meeting held on 4/10/18, discussed his status following his lengthy hospitalization. The POC noted Client #1 had a BSP (behavior support plan) to reduce pica behavior. The team agreed to continue the pica program, which included five minute checks of Client #1 during waking hours. The team discussed the possibility of implementing a helmet with a face shield to prevent Client #1 from ingesting edible items. The Nursing Director said she would look into this and pass along her findings. The team also agreed to continue Client #1's program to reduce the incidence of food stealing. At that time, Client #1 was NPO</p>	W 196			

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W 196	<p>Continued From page 4 (nothing by mouth).</p> <p>Client #1 had a BSP in place at the time of the incident on 8/30/18 to reduce incidents of pica. According to the program, Client #1 sometimes obsessed about food items and inedible items on the floor. The program directed staff to sweep the kitchen and dining room area when things dropped to the floor. Client #1 also had a chewy tube he could safely chew on. Program interventions included locked kitchen, hygiene supplies, supply closet and shower room when staff were not present. Staff were to check on Client #1 every five minutes during waking hours and every 30 minutes on the overnight shift. According to the program, "Staff will perform environmental/room sweeps when (Client #1) enters into an environment and/or goes into his bedroom for private times and/or to go to bed for the night. When staff is performing an environmental room sweep, staff will visually check the area to see if there are any possible items present that (Client #1) could potentially PICA. Staff will remove these items from the environment to ensure (Client #1's) safety. Staff will be thorough in these sweeps and look under items (bed, chairs, furniture), on table tops, floors, window sills, in (Client #1's) closet, in between his mattress box/spring, etc. Staff will also check (Client #1's) pockets before completing the environmental sweep to ensure he had not placed items in his pockets that he could attempt to PICA..." Staff were directed to remove items from Client #1 that he was attempting to ingest.</p> <p>Client #1 also had a BSP to reduce the incidence of food stealing, last updated 4/15/18. The program indicated staff should attempt to engage Client #1 in a preferred activity during meal and</p>	W 196			

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W 196	<p>Continued From page 5</p> <p>snack times as other clients ate. If Client #1 attempted to take food from others, he should be prompted not to. Staff could also remove food items from Client #1. Client #1 had restricted access to the kitchen. According to the program, Client #1 was NPO, meaning he should not ingest anything orally. If signal behaviors were occurring, such as obsessing over other people's food or watching peers eat/drink, staff should keep Client #1 in sight to prevent an incident of food stealing. The BSP had not been updated to indicate that Client #1 was allowed small amounts of pureed food and honey thick liquids as of May 2018.</p> <p>3. A review of behavioral data from 3/16/18 to 8/30/18 revealed the following:</p> <p>March:</p> <p>3/22/18: Client #1 got stuffing from a chair and put it into his mouth. Staff did a finger sweep.</p> <p>3/28/18- A coin (quarter) was noted in Client #1's colon during a check of his G-tube placement. (The coin later passed naturally.)</p> <p>April:</p> <p>4/10/18: Client #1 attempted to ingest a piece of a magazine page. Staff did a finger sweep.</p> <p>4/17/18: Client #1 attempted to ingest a piece of canned fruit he picked up from the floor. Staff did a finger sweep.</p> <p>No date: Client #1 grabbed a piece of potato from the table and put it in his mouth. Staff did a finger sweep.</p> <p>4/15/18: Client #1 grabbed a peer's soda and drank approximately three ounces.</p> <p>May:</p> <p>No documented incidents. Client #1 was</p>	W 196			

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W 196	<p>Continued From page 6</p> <p>hospitalized with an ileus from 5/04/18 to 5/18/18.</p> <p>June:</p> <p>6/04/18: Client #1 grabbed a piece of waffle off of a peer's plate and put it in his mouth. Staff did a finger sweep of his mouth.</p> <p>6/07/18: Client #1 grabbed cereal from a peer's plate and attempted to ingest. Staff did a finger sweep of Client #1's mouth to remove the food.</p> <p>6/09/18: Client #1 grabbed a peer's snack from the table and attempted to ingest. Staff did a finger sweep of Client #1's mouth to remove the food.</p> <p>6/11/18: Staff saw a Lego in Client #1 feces while emptying his ostomy bag.</p> <p>6/12/18: Staff saw a small bead in Client #1's feces while emptying his ostomy bag.</p> <p>6/18/18: Client #1 grabbed a staff person's bag of Cheetos and ingested some before staff could intervene.</p> <p>6/20/18: Client #1 grabbed a peer's bowl and drank the milk with cereal in it.</p> <p>6/21/18: Client #1 grabbed a staff person's glass of water and got a drink before staff could intervene.</p> <p>July:</p> <p>7/04/18: Staff saw a paper towel or piece of paper towel in Client #1's feces when emptying his ostomy bag.</p> <p>7/05/18: Client #1 got into the lunch tote and slid his finger into a peer's food and ate it.</p> <p>7/06/17: Staff saw a piece of granola bar, granola bar wrapper and a piece of magazine page in Client #1's ostomy bag.</p> <p>7/07/18: Staff saw a piece of magazine paper in Client #1's ostomy bag.</p> <p>7/08/18: Staff saw a piece of magazine paper in Client #1's ostomy bag.</p>	W 196			

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W 196	<p>Continued From page 7</p> <p>7/10/18: Client #1 got food out of the trash can and ate some.</p> <p>7/10/18: Client #1 got into the lunch tote and ate some applesauce.</p> <p>7/13/18: Client #1 attempted to ingest a piece of a magazine page. Staff did a finger sweep of his mouth.</p> <p>7/14/18. Client #1 got some food that was on the floor (unclear if he actually ingested it).</p> <p>7/17/18: Staff saw a rock in Client #1's feces when emptying his ostomy bag.</p> <p>7/19/18: Client #1 grabbed a peer's Vanilla Wafer and ate it.</p> <p>August:</p> <p>8/03/18: Client #1 grabbed a piece of paper off of the staff desk and attempted to put the paper in his mouth. Staff redirected Client #1 with a chew tube.</p> <p>8/08/18: Another peer ripped off a corner of a magazine page and dropped it on the floor. Client #1 picked it up and placed it in his mouth. He removed it from his mouth when prompted by staff.</p> <p>8/09/18: Client #1 got ahold of a peer's soda pop and drank some.</p> <p>8/09/18: Client #1 got into the lunch tote and opened a peer's snack. Staff intervened before Client #1 got the food.</p> <p>8/09/18: Client #1 ingested part of a piece of paper from the floor.</p> <p>8/13/18: Staff saw a piece of magazine paper in Client #1's feces while emptying his ostomy bag.</p> <p>8/22/18: Client #1 grabbed a peer's cupcake and shoved it into his mouth. He spit most of it out and staff did a finger sweep.</p> <p>8/27/18: Client #1 picked up a bug from the floor and move it toward his mouth. Staff grabbed the bug before Client #1 could put it into his mouth.</p>	W 196			

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W 196	<p>Continued From page 8</p> <p>8/30/18: Client #1 coughed up a domino.</p> <p>4. Observations at the facility on the afternoon of 9/06/18 revealed the home was very tidy, with no small objects in sight. The doors to the kitchen, medication room, staff offices, supply closet and shower room were kept locked unless a staff person was present. Client bedrooms were also kept locked unless a client was in the room. An activity closet was unlocked, but did not contain any small items that could be swallowed.</p> <p>5. Observations at the day program on the morning and early afternoon of 9/06/18 revealed the eight REM Washington clients spent most of their time in two adjoining rooms. The rooms had many craft supplies, sensory items and toys within reach. Some smaller items were in a locked cabinet. A staff desk on the end of the main room had office supplies on the desk, such as pens and paper. A rubber band was noted on the shelf of the desk. Paper clips were kept in a baggie in an unlocked drawer. Staff present said they had never seen a domino at the day program. They said Client #1 did not pay attention to the staff desk area. Staff also said staff were always present with Client #1, whether he was in the two-room day program area, anywhere else in the building or outside.</p> <p>6. When interviewed on 9/06/18 at 1:30 p.m. the Program Supervisor said Client #1 went to the day program on the agency van on the morning of 8/30/18 and returned to the facility on the agency van around 3:00 p.m. Client #1 did not go anywhere else on that day. Client #1 primarily used a wheelchair for ambulation, which he could maneuver independently. Staff were supposed to check on Client #1 at least every five minutes.</p>	W 196			

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W 196	Continued From page 9 7. When interviewed on 9/10/18 at 10:35 a.m. the Lead Direct Support Professional (LDSP) stated she worked on the afternoon of 8/30/18. She and two other staff transported the clients from the day program to the facility in the agency van around 3:00 p.m. Client #1 seemed like his normal self. The LDSP took Client #1 to the bathroom shortly after he arrived home. She said she checked his pockets and clothing and found nothing. She said she had never seen dominos at the facility. The LDSP said she was always scanning the environment for anything small Client #1 might put in his mouth. She said she did not know that staff were supposed to regularly check Client #1's pockets, but she typically checked his pockets and clothing when she took Client #1 to the bathroom. The LDSP said Client #1's pica had gotten much worse since he got the G-tube. Client #1 often tried to pick things up from the floor, such as lint, crumbs, paper or string. He would even reach down to try to pick at a spot or stain on the floor. 8. When interviewed on 9/06/18 at 2:00 p.m. DSP A said she worked on the afternoon of 8/30/18. She gave Client #1 his tube feeding around 5:00 p.m. Client #1 was then supposed to get a small amount of pureed food, but he began to have a wet sounding cough. Client #1 coughed for maybe two minutes and then coughed/vomited up a small amount of liquid and a domino. DSP A said it was a black, regular sized domino. She had never seen a domino at the facility or on the agency van in the four years she had worked there. She said none of the other clients had dominos. DSP A called the on-call nurse about the incident. DSP A checked Client #1's temperature before she left at 9:00 p.m. because	W 196			

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W 196	<p>Continued From page 10</p> <p>she know of Client #1's history of aspiration pneumonia. Client #1 seemed fine when she left. The overnight staff also regularly checked Client #1's temperature and other vital signs during the night. DSP A said staff always scanned the environments looking for small items that Client #1 might ingest. She had never seen Client #1 attempt to ingest paper clips. DSP A said she had not seen paper clips laying around the facility. They were kept in staff offices or the medication room, which were kept locked if staff were not in the rooms. DSP A said she usually checked Client #1's pockets at the beginning of the shift and then occasionally throughout the shift, but not every time he entered another room. She said Client #1 often tried to pick small items up from the floor to ingest, such as bits of paper, crumbs and lint. He also tried to take food from others.</p> <p>9. When interviewed on 9/10/18 at 10:25 a.m. DSP B stated she was a full-time staff person on the first shift. She said she understood staff should check a room whenever Client #1 entered it, but she did not know staff were supposed to do pocket checks with Client #1. DSP B said Client #1 would sometimes tuck small items in the waistband of his pants. She said Client #1's incidence of pica had gotten worse since he got the G-tube. He would often try to pick up small items from the floor and he would try to take other people's food. DSP B said she had never seen a domino in the facility and she had never seen Client #1 show an interest in paper clips.</p> <p>10. When interviewed on 9/10/18 at 10:45 a.m. the Registered Nurse (RN) said she typically helped with direct care duties in the mornings, Monday through Friday. She said she understood</p>	W 196			

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W 196	<p>Continued From page 11</p> <p>staff were supposed to check/scan an area when Client #1 went from one room to another. She thought staff were supposed to check Client #1's pockets when he returned from the day program or an outing, not routinely throughout the shift. She had never seen a domino at the facility. The RN stated Client #1's pica had gotten worse since he got the G-tube. She noted Client #1 went through cycles with his behavioral issues. Client #1 had changes in his behavior modifying medications when he was hospitalized from February to March.</p> <p>11. When interviewed on 9/10/18 at 11:05 a.m. the Washington County Development Center (WCDC) acting Program Coordinator (PC) stated she supervised the REM Washington day program area. Staff were always present in the day program area. If Client #1 went anywhere else in the building, or outside, he would be accompanied by staff at all times. The acting PC said Client #1 had been primarily in a wheelchair since his hospitalization in February and March. Since returning to the facility in March, Client #1's pica had increased. The acting PC said the WCDC staff would clean and scan the day program room each morning before the REM Washington clients arrived. They swept the floor as needed through out the day. The WCDC did not routinely do pocket checks with Client #1. The acting PC said she had seen Client #1 put small items in his waistband in the past, and staff would remove the items. Since the incident with the domino and paper clips, WCDC staff now completed hourly room sweeps and check Client #1's pockets and clothing.</p> <p>12. When interviewed on 9/10/18 at 11:15 a.m. WCDC Supervisor A confirmed Client #1 typically</p>	W 196			

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W 196	<p>Continued From page 12</p> <p>stayed in the two-room day program area used by the REM Washington clients. Staff were always present with Client #1. Supervisor A said she never saw Client #1 bother with the items on the staff desk or show any interest in paper clips. She had never seen a domino in the day program area. Supervisor A said Client #1 had a tendency to ingest bits of paper and he also tried to take food that was not his. She said every morning before the clients arrived, the WCDC staff would clean and scan the day program rooms for small items Client #1 might try to ingest. She said she usually Client #1's waistband and pockets when she took him to the bathroom. Supervisor A said Client #1's pica and food stealing had greatly increased since returning from the hospital in March. Client #1 had a tendency to reach down and pick up small items from the floor.</p> <p>13. When interviewed on 9/10/18 at 11:30 a.m. WCDC Supervisor B said she routinely worked in the REM Washington day program area. She said staff were always with Client #1. Staff swept and scanned the room before the clients arrived each morning. They also swept the floor throughout the day, especially after snacks and lunch. She said she had never seen a domino at the day program. Supervisor B said she asked Client #1 where he got the domino and he told her outside of his house (facility). Supervisor B said she did not know staff were supposed to do pocket checks with Client #1, so she never did it. She said Client #1's pica is worse since he began getting limited amounts of pureed food in May. Client #1 had become obsessed with food. The food stealing was much worse. He also had a tendency to pick up small items from the floor, including bits of paper, dirt, lint or fuzz.</p>	W 196			

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W 196	<p>Continued From page 13</p> <p>14. When interviewed on 9/06/18 at 1:45 p.m. the Qualified Intellectual Disability Professional (QIDP) stated Client #1's BSP to reduce pica behavior was revised 7/15/18 to include pica attempts and the ingestion of unsafe food. Staff were supposed to check on Client #1 every five minutes during waking hours. According to the BSP, staff supposed to do a room sweep whenever Client #1 entered a different room and also check his pockets whenever he entered a different room. As an example, the QIDP confirmed if Client #1 left the dining room to go to the living room and then returned to the dining room within a few minutes, staff should do a room sweep each time and check his pockets.</p> <p>During a follow-up interview on 9/10/18 at 4:40 p.m. the QIDP acknowledged Client #1's incidents of pica increased in June and July 2018. She said Client #1 had a tendency to cycle with his behaviors. He was also slowly recovering from a lengthy illness and it took a while for him to get back to his old self. Another client's behaviors have been very intense during this time, which required a lot of staff attention. The QIDP said Client #1's pica and food stealing seemed to get worse when the limited pleasure feeding began. The QIDP said she made a revision to the data collection, by adding pica attempts and combining data from the facility and WCDC, but did not change the interventions or supervision as the pica incidents increased and became more serious. Regarding the team discussion about a possible helmet and face guard at the Plan of Care meeting in April, the QIDP explained the purpose of the helmet was actually to prevent injuries from falls. She mistakenly documented the helmet might prevent pica incidents. After further discussion, the the</p>	W 196			

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W 196	Continued From page 14 facility decided not to try a helmet for ambulation because Client #1 had a soft helmet in the past and managed to break off small pieces and try to ingest them. A review of the QIDP monthly data reviews for June 2018 and July 2018 revealed the QIDP noted the number of times Client #1 ingested unsafe food and the number of times he ingested inedible items, but the QIDP reviews did not indicate what inedible items Client #1 had ingested. 15. In summary, Client #1's incidence of pica and ingestion of unsafe foods had been increasing in frequency and potential severity (Lego, rock, shoving a cupcake into his mouth). The facility did not take steps to address the increased behaviors, which were potentially dangerous for Client #1. Not all of the staff knew to routinely check Client #1's pockets an clothing for hidden items. Staff claimed to monitor Client #1 and his environment closely, but he managed to obtain and swallow a domino and two paper clips without staff knowledge. Client #1 had a recent history of ongoing health issues, including aspiration pneumonia and gastrointestinal disorders. Ingestion of unsafe items could potentially contribute to additional health problems.	W 196			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number	W 249			

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W 249	<p>Continued From page 15</p> <p>and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure staff consistently implemented a behavior support program (BSP) to reduce pica and consumption of unsafe food items for Client #1, who had a known history of ingesting non-edibles and unsafe food items. The facility failed to implement interventions that were sufficient to ensure Client #1's safety. Findings follow:</p> <p>1. Record review on 9/06/18 of a facility report regarding an incident that occurred on 8/30/18 revealed Client #1 coughed/vomited up a domino. During a follow-up medical appointment the next day, an x-ray revealed two foreign bodies in Client #1's abdomen, which appeared to be a paperclips. Client #1 was hospitalized on 8/31/18 for aspiration pneumonia. The treating physicians were reportedly not initially concerned about the two paperclips and believed they would pass naturally. However, the two paperclips were removed by a colonoscopy on 9/04/18. Client #1's pneumonia resolved. He was discharged back to the facility on the afternoon of 9/05/18.</p> <p>2. Client #1 was a 57 year old male with diagnoses including: severe intellectual disability, mood disorder, impulse control disorder, Pacemaker, sigmoidectomy with colostomy, gastrostomy tube (G-Tube), pica, gastroesophageal reflux disease (GERD), dysphagia and astigmatism with myopia</p>	W 249			

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W 249	<p>Continued From page 16</p> <p>bilaterally. Client #1 had some verbal skills and was generally able to make his wants and needs understood by people who knew him. Client #1 was seriously ill and hospitalized from 2/03/18 to 3/06/18. While hospitalized, Client #1 received a pacemaker, a colostomy and a g-tube for nutrition, hydration and medications. Client #1 was in a weakened state upon discharge and recovered slowly. Prior to the hospitalization Client #1 was ambulatory. After discharge from the hospital, Client #1 primarily used a wheelchair for mobility. He could ambulate with staff assistance. Client #1 was hospitalized again from 5/04/18 to 5/18/18 for an ileus (inability of the intestine/bowel to contract normally and move waste out of the body). Client #1 was also diagnosed with pneumonia on 6/14/18 and received antibiotics for two weeks. Client #1 had been allowed to have a limited amount of pureed food items for pleasure feedings since May. Oral liquids must be thickened to a honey consistency and are also allowed in a limited amount.</p> <p>Client #1's Plan of Care (POC) team meeting held on 4/10/18, discussed his status following his lengthy hospitalization. The POC noted Client #1 had a BSP to reduce pica behavior. The team agreed to continue the pica program, which included five minute checks of Client #1 during waking hours. The team discussed the possibility of implementing a helmet with a face shield to prevent Client #1 from ingesting edible items. The Nursing Director said she would look into this and pass along her findings. The team also agreed to continue Client #1's program to reduce the incidence of food stealing. At that time, Client #1 was NPO (nothing by mouth).</p> <p>Client #1 had a BSP in place at the time of the</p>	W 249			

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W 249	<p>Continued From page 17</p> <p>incident on 8/30/18 to reduce incidents of pica. According to the program, Client #1 sometimes obsessed about food items and inedible items on the floor. The program directed staff to sweep the kitchen and dining room area when things dropped to the floor. Client #1 also had a chewy tube he could safely chew on. Program interventions included locked kitchen, hygiene supplies, supply closet and shower room when staff were not present. Staff were to check on Client #1 every five minutes during waking hours and every 30 minutes on the overnight shift. According to the program, "Staff will perform environmental/room sweeps when (Client #1) enters into an environment and/or goes into his bedroom for private times and/or to go to bed for the night. When staff is performing an environmental room sweep, staff will visually check the area to see if there are any possible items present that (Client #1) could potentially PICA. Staff will remove these items from the environment to ensure (Client #1's) safety. Staff will be thorough in these sweeps and look under items (bed, chairs, furniture), on table tops, floors, window sills, in (Client #1's) closet, in between his mattress box/spring, etc. Staff will also check (Client #1's) pockets before completing the environmental sweep to ensure he had not placed items in his pockets that he could attempt to PICA..." Staff were directed to remove items from Client #1 that he was attempting to ingest.</p> <p>Client #1 also had a BSP to reduce the incidence of food stealing, last updated 4/15/18. The program indicated staff should attempt to engage Client #1 in a preferred activity during meal and snack times as other clients ate. If Client #1 attempted to take food from others, he should be prompted not to. Staff could also remove food</p>	W 249			

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W 249	<p>Continued From page 18</p> <p>items from Client #1. Client #1 had restricted access to the kitchen. According to the program, Client #1 was NPO, meaning he should not ingest anything orally. If signal behaviors were occurring, such as obsessing over other people's food or watching peers eat/drink, staff should keep Client #1 in sight to prevent an incident of food stealing. The BSP had not been updated to indicate that Client #1 was allowed small amounts of pureed food and honey thick liquids as of May 2018.</p> <p>3. A review of behavioral data from 3/16/18 to 8/30/18 revealed the following:</p> <p>March:</p> <p>3/22/18: Client #1 got stuffing from a chair and put it into his mouth. Staff did a finger sweep.</p> <p>3/28/18- A coin (quarter) was noted in Client #1's colon during a check of his G-tube placement. (The coin later passed naturally.)</p> <p>April:</p> <p>4/10/18: Client #1 attempted to ingest a piece of a magazine page. Staff did a finger sweep.</p> <p>4/17/18: Client #1 attempted to ingest a piece of canned fruit he picked up from the floor. Staff did a finger sweep.</p> <p>No date: Client #1 grabbed a piece of potato from the table and put it in his mouth. Staff did a finger sweep.</p> <p>4/15/18: Client #1 grabbed a peer's soda and drank approximately three ounces.</p> <p>May:</p> <p>No documented incidents. Client #1 was hospitalized with an ileus from 5/04/18 to 5/18/18.</p> <p>June:</p>	W 249			

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W 249	<p>Continued From page 19</p> <p>6/04/18: Client #1 grabbed a piece of waffle off of a peer's plate and put it in his mouth. Staff did a finger sweep of his mouth.</p> <p>6/07/18: Client #1 grabbed cereal from a peer's plate and attempted to ingest. Staff did a finger sweep of Client #1's mouth to remove the food.</p> <p>6/09/18: Client #1 grabbed a peer's snack from the table and attempted to ingest. Staff did a finger sweep of Client #1's mouth to remove the food.</p> <p>6/11/18: Staff saw a Lego in Client #1 feces while emptying his ostomy bag.</p> <p>6/12/18: Staff saw a small bead in Client #1's feces while emptying his ostomy bag.</p> <p>6/18/18: Client #1 grabbed a staff person's bag of Cheetos and ingested some before staff could intervene.</p> <p>6/20/18: Client #1 grabbed a peer's bowl and drank the milk with cereal in it.</p> <p>6/21/18: Client #1 grabbed a staff person's glass of water and got a drink before staff could intervene.</p> <p>July:</p> <p>7/04/18: Staff saw a paper towel or piece of paper towel in Client #1's feces when emptying his ostomy bag.</p> <p>7/05/18: Client #1 got into the lunch tote and slid his finger into a peer's food and ate it.</p> <p>7/06/17: Staff saw a piece of granola bar, granola bar wrapper and a piece of magazine page in Client #1's ostomy bag.</p> <p>7/07/18: Staff saw a piece of magazine paper in Client #1's ostomy bag.</p> <p>7/08/18: Staff saw a piece of magazine paper in Client #1's ostomy bag.</p> <p>7/10/18: Client #1 got food out of the trash can and ate some.</p> <p>7/10/18: Client #1 got into the lunch tote and ate</p>	W 249			

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W 249	<p>Continued From page 20</p> <p>some applesauce.</p> <p>7/13/18: Client #1 attempted to ingest a piece of a magazine page. Staff did a finger sweep of his mouth.</p> <p>7/14/18. Client #1 got some food that was on the floor (unclear if he actually ingested it).</p> <p>7/17/18: Staff saw a rock in Client #1's feces when emptying his ostomy bag.</p> <p>7/19/18: Client #1 grabbed a peer's Vanilla Wafer and ate it.</p> <p>August:</p> <p>8/03/18: Client #1 grabbed a piece of paper off of the staff desk and attempted to put the paper in his mouth. Staff redirected Client #1 with a chew tube.</p> <p>8/08/18: Another peer ripped off a corner of a magazine page and dropped it on the floor. Client #1 picked it up and placed it in his mouth. He removed it from his mouth when prompted by staff.</p> <p>8/09/18: Client #1 got ahold of a peer's soda pop and drank some.</p> <p>8/09/18: Client #1 got into the lunch tote and opened a peer's snack. Staff intervened before Client #1 got the food.</p> <p>8/09/18: Client #1 ingested part of a piece of paper from the floor.</p> <p>8/13/18: Staff saw a piece of magazine paper in Client #1's feces while emptying his ostomy bag.</p> <p>8/22/18: Client #1 grabbed a peer's cupcake and shoved it into his mouth. He spit most of it out and staff did a finger sweep.</p> <p>8/27/18: Client #1 picked up a bug from the floor and move it toward his mouth. Staff grabbed the bug before Client #1 could put it into his mouth.</p> <p>8/30/18: Client #1 coughed up a domino.</p> <p>4. Observations at the facility on the afternoon of</p>	W 249			

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W 249	<p>Continued From page 21</p> <p>9/06/18 revealed the home was very tidy, with no small objects in sight. The doors to the kitchen, medication room, staff offices, supply closet and shower room were kept locked unless a staff person was present. Client bedrooms were also kept locked unless a client was in the room. An activity closet was unlocked, but did not contain any small items that could be swallowed.</p> <p>5. Observations at the day program on the morning and early afternoon of 9/06/18 revealed the eight REM Washington clients spent most of their time in two adjoining rooms. The rooms had many craft supplies, sensory items and toys within reach. Some smaller items were in a locked cabinet. A staff desk on the end of the main room had office supplies on the desk, such as pens and paper. A rubber band was noted on the shelf of the desk. Paper clips were kept in a baggie in an unlocked drawer. Staff present said they had never seen a domino at the day program. They said Client #1 did not pay attention to the staff desk area. Staff also said staff were always present with Client #1, whether he was in the two-room day program area, anywhere else in the building or outside.</p> <p>6. When interviewed on 9/06/18 at 1:30 p.m. the Program Supervisor said Client #1 went to the day program on the agency van on the morning of 8/30/18 and returned to the facility on the agency van around 3:00 p.m. Client #1 did not go anywhere else on that day. Client #1 primarily used a wheelchair for ambulation, which he could maneuver independently. Staff were supposed to check on Client #1 at least every five minutes.</p> <p>7. When interviewed on 9/10/18 at 10:35 a.m. the Lead Direct Support Professional (LDSP) stated</p>	W 249			

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W 249	<p>Continued From page 22</p> <p>she worked on the afternoon of 8/30/18. She and two other staff transported the clients from the day program to the facility in the agency van around 3:00 p.m. Client #1 seemed like his normal self. The LDSP took Client #1 to the bathroom shortly after he arrived home. She said she checked his pockets and clothing and found nothing. She said she had never seen dominos at the facility. The LDSP said she was always scanning the environment for anything small Client #1 might put in his mouth. She said she did not know that staff were supposed to regularly check Client #1's pockets, but she typically checked his pockets and clothing when she took Client #1 to the bathroom. The LDSP said Client #1's pica had gotten much worse since he got the G-tube. Client #1 often tried to pick things up from the floor, such as lint, crumbs, paper or string. He would even reach down to try to pick at a spot or stain on the floor.</p> <p>8. When interviewed on 9/06/18 at 2:00 p.m. DSP A said she worked on the afternoon of 8/30/18. She gave Client #1 his tube feeding around 5:00 p.m. Client #1 was then supposed to get a small amount of pureed food, but he began to have a wet sounding cough. Client #1 coughed for maybe two minutes and then coughed/vomited up a small amount of liquid and a domino. DSP A said it was a black, regular sized domino. She had never seen a domino at the facility or on the agency van in the four years she had worked there. She said none of the other clients had dominos. DSP A called the on-call nurse about the incident. DSP A checked Client #1's temperature before she left at 9:00 p.m. because she know of Client #1's history of aspiration pneumonia. Client #1 seemed fine when she left. The overnight staff also regularly checked Client</p>	W 249			

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W 249	<p>Continued From page 23</p> <p>#1's temperature and other vital signs during the night. DSP A said staff always scanned the environments looking for small items that Client #1 might ingest. She had never seen Client #1 attempt to ingest paper clips. DSP A said she had not seen paper clips laying around the facility. They were kept in staff offices or the medication room, which were kept locked if staff were not in the rooms. DSP A said she usually checked Client #1's pockets at the beginning of the shift and then occasionally throughout the shift, but not every time he entered another room. She said Client #1 often tried to pick small items up from the floor to ingest, such as bits of paper, crumbs and lint. He also tried to take food from others.</p> <p>9. When interviewed on 9/10/18 at 10:25 a.m. DSP B stated she was a full-time staff person on the first shift. She said she understood staff should check a room whenever Client #1 entered it, but she did not know staff were supposed to do pocket checks with Client #1. DSP B said Client #1 would sometimes tuck small items in the waistband of his pants. She said Client #1's incidence of pica had gotten worse since he got the G-tube. He would often try to pick up small items from the floor and he would try to take other people's food. DSP B said she had never seen a domino in the facility and she had never seen Client #1 show an interest in paper clips.</p> <p>10. When interviewed on 9/10/18 at 10:45 a.m. the Registered Nurse (RN) said she typically helped with direct care duties in the mornings, Monday through Friday. She said she understood staff were supposed to check/scan an area when Client #1 went from one room to another. She thought staff were supposed to check Client #1's</p>	W 249			

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W 249	<p>Continued From page 24</p> <p>pockets when he returned from the day program or an outing, not routinely throughout the shift. She had never seen a domino at the facility. The RN stated Client #1's pica had gotten worse since he got the G-tube. She noted Client #1 went through cycles with his behavioral issues. Client #1 had changes in his behavior modifying medications when he was hospitalized from February to March.</p> <p>11. When interviewed on 9/10/18 at 11:05 a.m. the Washington County Development Center (WCDC) acting Program Coordinator (PC) stated she supervised the REM Washington day program area. Staff were always present in the day program area. If Client #1 went anywhere else in the building, or outside, he would be accompanied by staff at all times. The acting PC said Client #1 had been primarily in a wheelchair since his hospitalization in February and March. Since returning to the facility in March, Client #1's pica had increased. The acting PC said the WCDC staff would clean and scan the day program room each morning before the REM Washington clients arrived. They swept the floor as needed through out the day. The WCDC did not routinely do pocket checks with Client #1. The acting PC said she had seen Client #1 put small items in his waistband in the past, and staff would remove the items. Since the incident with the domino and paper clips, WCDC staff now do hourly room sweeps and check Client #1's pockets and clothing.</p> <p>12. When interviewed on 9/10/18 at 11:15 a.m. WCDC Supervisor A confirmed Client #1 typically stayed in the two-room day program area used by the REM Washington clients. Staff were always present with Client #1. Supervisor A said she</p>	W 249			

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W 249	<p>Continued From page 25</p> <p>never saw Client #1 bother with the items on the staff desk or show any interest in paper clips. She had never seen a domino in the day program area. Supervisor A said Client #1 had a tendency to ingest bits of paper and he also tried to take food that was not his. She said every morning before the clients arrived, the WCDC staff would clean and scan the day program rooms for small items Client #1 might try to ingest. She said she usually Client #1's waistband and pockets when she took him to the bathroom. Supervisor A said Client #1's pica and food stealing had greatly increased since returning from the hospital in March. Client #1 had a tendency to reach down and pick up small items from the floor.</p> <p>13. When interviewed on 9/10/18 at 11:30 a.m. WCDC Supervisor B said she routinely worked in the REM Washington day program area. She said staff were always with Client #1. Staff swept and scanned the room before the clients arrived each morning. They also swept the floor throughout the day, especially after snacks and lunch. She said she had never seen a domino at the day program. Supervisor B said she asked Client #1 where he got the domino and he told her outside of his house (facility). Supervisor B said she did not know staff were supposed to do pocket checks with Client #1, so she never did it. She said Client #1's pica was worse since he began getting limited amounts of pureed food in May. Client #1 had become obsessed with food. The food stealing was much worse. He also had a tendency to pick up small items from the floor, including bits of paper, dirt, lint or fuzz.</p> <p>14. When interviewed on 9/06/18 at 1:45 p.m. the Qualified Intellectual Disability Professional (QIDP) stated Client #1's BSP to reduce pica</p>	W 249			

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W 249	<p>Continued From page 26</p> <p>behavior was revised 7/15/18 to include pica attempts and the ingestion of unsafe food. Staff were supposed to check on Client #1 every five minutes during waking hours. According to the BSP, staff supposed to do a room sweep whenever Client #1 entered a different room and also check his pockets whenever he entered a different room. As an example, the QIDP confirmed if Client #1 left the dining room to go to the living room and then returned to the dining room within a few minutes, staff should do a room sweep each time and check his pockets.</p> <p>During a follow-up interview on 9/10/18 at 4:40 p.m. the QIDP acknowledged Client #1's incidents of pica increased in June and July 2018. She said Client #1 had a tendency to cycle with his behaviors. He was also slowly recovering from a lengthy illness and it took a while for him to get back to his old self. Another client's behaviors have been very intense during this time, which required a lot of staff attention. The QIDP said Client #1's pica and food stealing seemed to get worse when the limited pleasure feeding began. The QIDP said she made a revision to the data collection, by adding pica attempts and combining data from the facility and WCDC, but did not change the interventions or supervision as the pica incidents increased and became more serious. Regarding the team discussion about a possible helmet and face guard at the Plan of Care meeting in April, the QIDP explained the purpose of the helmet was actually to prevent injuries from falls. She mistakenly documented the helmet might prevent pica incidents. After further discussion, the the facility decided not to try a helmet for ambulation because Client #1 had a soft helmet in the past and managed to break off small pieces and try to</p>	W 249			

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W 249	Continued From page 27 ingest them.	W 249			
W 257	<p>A review of the QIDP monthly data reviews for June 2018 and July 2018 revealed the QIDP noted the number of times Client #1 ingested unsafe food and the number of times he ingested inedible items, but the QIDP reviews did not indicate what inedible items Client #1 had ingested.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii)</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to revise a behavior program when a client's behaviors increased in frequency and potential severity. This affected 1 of 1 client involved in the investigation of #78041-I (Client #1). Finding follows:</p> <p>1. Record review on 9/06/18 of a facility report regarding an incident that occurred on 8/30/18 revealed Client #1 coughed/vomited up a domino. During a follow-up medical appointment the next day, an x-ray revealed two foreign bodies in Client #1's abdomen, which appeared to be a paperclips. Client #1 was hospitalized on 8/31/18 for aspiration pneumonia. The treating physicians were reportedly not initially concerned about the two paperclips and believed they would</p>	W 257			

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W 257	<p>Continued From page 28</p> <p>pass naturally. However, the two paperclips were removed by a colonoscopy on 9/04/18. Client #1's pneumonia resolved. He was discharged back to the facility on the afternoon of 9/05/18.</p> <p>2. Client #1 had a BSP in place at the time of the incident on 8/30/18 to reduce incidents of pica, last revised on 7/05/18. According to the program, Client #1 sometimes obsessed about food items and inedible items on the floor. The program directed staff to sweep the kitchen and dining room area when things dropped to the floor. Client #1 also had a chewy tube he could safely chew on. Program interventions included locked kitchen, hygiene supplies, supply closet and shower room when staff were not present. Staff were to check on Client #1 every five minutes during waking hours and every 30 minutes on the overnight shift. According to the program, "Staff will perform environmental/room sweeps when (Client #1) enters into an environment and/or goes into his bedroom for private times and/or to go to bed for the night. When staff is performing an environmental room sweep, staff will visually check the area to see if there are any possible items present that (Client #1) could potentially PICA. Staff will remove these items from the environment to ensure (Client #1's) safety. Staff will be thorough in these sweeps and look under items (bed, chairs, furniture), on table tops, floors, window sills, in (Client #1's) closet, in between his mattress box/spring, etc. Staff will also check (Client #1's) pockets before completing the environmental sweep to ensure he had not placed items in his pockets that he could attempt to PICA..." Staff were directed to remove items from Client #1 that he was attempting to ingest.</p>	W 257			

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W 257	<p>Continued From page 29</p> <p>Client #1 also had a BSP to reduce the incidence of food stealing, last updated 4/15/18. The program indicated staff should attempt to engage Client #1 in a preferred activity during meal and snack times as other clients ate. If Client #1 attempted to take food from others, he should be prompted not to. Staff could also remove food items from Client #1. Client #1 had restricted access to the kitchen. According to the program, Client #1 was NPO, meaning he should not ingest anything orally. If signal behaviors were occurring, such as obsessing over other people's food or watching peers eat/drink, staff should keep Client #1 in sight to prevent an incident of food stealing. The BSP had not been updated to indicate that Client #1 was allowed small amounts of pureed food and honey thick liquids as of May 2018.</p> <p>3. A review of behavioral data from 3/16/18 to 8/30/18 revealed the following:</p> <p>March:</p> <p>3/22/18: Client #1 got stuffing from a chair and put it into his mouth. Staff did a finger sweep.</p> <p>3/28/18- A coin (quarter) was noted in Client #1's colon during a check of his G-tube placement. (The coin later passed naturally.)</p> <p>April:</p> <p>4/10/18: Client #1 attempted to ingest a piece of a magazine page. Staff did a finger sweep.</p> <p>4/17/18: Client #1 attempted to ingest a piece of canned fruit he picked up from the floor. Staff did a finger sweep.</p> <p>No date: Client #1 grabbed a piece of potato from the table and put it in his mouth. Staff did a finger sweep.</p> <p>4/15/18: Client #1 grabbed a peer's soda and</p>	W 257			

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W 257	<p>Continued From page 30 drank approximately three ounces.</p> <p>May: No documented incidents. Client #1 was hospitalized with an ileus from 5/04/18 to 5/18/18.</p> <p>June: 6/04/18: Client #1 grabbed a piece of waffle off of a peer's plate and put it in his mouth. Staff did a finger sweep of his mouth. 6/07/18: Client #1 grabbed cereal from a peer's plate and attempted to ingest. Staff did a finger sweep of Client #1's mouth to remove the food. 6/09/18: Client #1 grabbed a peer's snack from the table and attempted to ingest. Staff did a finger sweep of Client #1's mouth to remove the food. 6/11/18: Staff saw a Lego in Client #1 feces while emptying his ostomy bag. 6/12/18: Staff saw a small bead in Client #1's feces while emptying his ostomy bag. 6/18/18: Client #1 grabbed a staff person's bag of Cheetos and ingested some before staff could intervene. 6/20/18: Client #1 grabbed a peer's bowl and drank the milk with cereal in it. 6/21/18: Client #1 grabbed a staff person's glass of water and got a drink before staff could intervene.</p> <p>July: 7/04/18: Staff saw a paper towel or piece of paper towel in Client #1's feces when emptying his ostomy bag. 7/05/18: Client #1 got into the lunch tote and slid his finger into a peer's food and ate it. 7/06/17: Staff saw a piece of granola bar, granola bar wrapper and a piece of magazine page in Client #1's ostomy bag.</p>	W 257			

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W 257	<p>Continued From page 31</p> <p>7/07/18: Staff saw a piece of magazine paper in Client #1's ostomy bag.</p> <p>7/08/18: Staff saw a piece of magazine paper in Client #1's ostomy bag.</p> <p>7/10/18: Client #1 got food out of the trash can and ate some.</p> <p>7/10/18: Client #1 got into the lunch tote and ate some applesauce.</p> <p>7/13/18: Client #1 attempted to ingest a piece of a magazine page. Staff did a finger sweep of his mouth.</p> <p>7/14/18. Client #1 got some food that was on the floor (unclear if he actually ingested it).</p> <p>7/17/18: Staff saw a rock in Client #1's feces when emptying his ostomy bag.</p> <p>7/19/18: Client #1 grabbed a peer's Vanilla Wafer and ate it.</p> <p>August:</p> <p>8/03/18: Client #1 grabbed a piece of paper off of the staff desk and attempted to put the paper in his mouth. Staff redirected Client #1 with a chew tube.</p> <p>8/08/18: Another peer ripped off a corner of a magazine page and dropped it on the floor. Client #1 picked it up and placed it in his mouth. He removed it from his mouth when prompted by staff.</p> <p>8/09/18: Client #1 got ahold of a peer's soda pop and drank some.</p> <p>8/09/18: Client #1 got into the lunch tote and opened a peer's snack. Staff intervened before Client #1 got the food.</p> <p>8/09/18: Client #1 ingested part of a piece of paper from the floor.</p> <p>8/13/18: Staff saw a piece of magazine paper in Client #1's feces while emptying his ostomy bag.</p> <p>8/22/18: Client #1 grabbed a peer's cupcake and shoved it into his mouth. He spit most of it out</p>	W 257			

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W 257	<p>Continued From page 32 and staff did a finger sweep.</p> <p>8/27/18: Client #1 picked up a bug from the floor and move it toward his mouth. Staff grabbed the bug before Client #1 could put it into his mouth.</p> <p>8/30/18: Client #1 coughed up a domino.</p> <p>4. When interviewed on 9/10/18 at 10:35 a.m. the Lead Direct Support Professional (LDSP) stated she worked on the afternoon of 8/30/18. She and two other staff transported the clients from the day program to the facility in the agency van around 3:00 p.m. Client #1 seemed like his normal self. The LDSP took Client #1 to the bathroom shortly after he arrived home. She said she checked his pockets and clothing and found nothing. The LDSP said she was always scanning the environment for anything small Client #1 might put in his mouth. She said she did not know that staff were supposed to regularly check Client #1's pockets, but she typically checked his pockets and clothing when she took Client #1 to the bathroom. The LDSP said Client #1's pica had gotten much worse since he got the G-tube. Client #1 often tried to pick things up from the floor, such as lint, crumbs, paper or string. He would even reach down to try to pick at a spot or stain on the floor.</p> <p>5. When interviewed on 9/06/18 at 2:00 p.m. DSP A said she worked on the afternoon of 8/30/18. She gave Client #1 his tube feeding around 5:00 p.m. Client #1 was then supposed to get a small amount of pureed food, but he began to have a wet sounding cough. Client #1 coughed for maybe two minutes and then coughed/vomited up a small amount of liquid and a domino. DSP A said it was a black, regular sized domino. DSP A said staff always scanned the environments looking for small items that Client #1 might ingest.</p>	W 257			

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W 257	<p>Continued From page 33</p> <p>DSP A said she usually checked Client #1's pockets at the beginning of the shift and then occasionally throughout the shift, but not every time he entered another room. She said Client #1 often tried to pick small items up from the floor to ingest, such as bits of paper, crumbs and lint. He also tried to take food from others.</p> <p>When interviewed on 9/10/18 at 10:25 a.m. DSP B stated she was a full-time staff person on the first shift. She said she understood staff should check a room whenever Client #1 entered it, but she did not know staff were supposed to do pocket checks with Client #1. DSP B said Client #1 would sometimes tuck small items in the waistband of his pants. She said Client #1's incidence of pica had gotten worse since he got the G-tube. He would often try to pick up small items from the floor and he would try to take other people's food.</p> <p>6. When interviewed on 9/10/18 at 10:45 a.m. the Registered Nurse (RN) said she typically helped with direct care duties in the mornings, Monday through Friday. She said she understood staff were supposed to check/scan an area when Client #1 went from one room to another. She thought staff were supposed to check Client #1's pockets when he returned from the day program or an outing, not routinely throughout the shift. The RN stated Client #1's pica had gotten worse since he got the G-tube. She noted Client #1 went through cycles with his behavioral issues. Client #1 had changes in his behavior modifying medications when he was hospitalized from February to March.</p> <p>7. When interviewed on 9/10/18 at 11:05 a.m. the Washington County Development Center</p>	W 257			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/11/2018
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W 257	<p>Continued From page 34</p> <p>(WCDC) acting Program Coordinator (PC) stated she supervised the REM Washington day program area. Staff were always present in the day program area. If Client #1 went anywhere else in the building, or outside, he would be accompanied by staff at all times. The acting PC said Client #1 had been primarily in a wheelchair since his hospitalization in February and March. Since returning to the facility in March, Client #1's pica had increased. The acting PC said the WCDC staff would clean and scan the day program room each morning before the REM Washington clients arrived. They swept the floor as needed through out the day. The WCDC did not routinely do pocket checks with Client #1. The acting PC said she had seen Client #1 put small items in his waistband in the past, and staff would remove the items. Since the incident with the domino and paper clips, WCDC staff now do hourly room sweeps and check Client #1's pockets and clothing.</p> <p>8. When interviewed on 9/10/18 at 11:15 a.m. WCDC Supervisor A confirmed Client #1 typically stayed in the two-room day program area used by the REM Washington clients. Staff were always present with Client #1. Supervisor A said she never saw Client #1 bother with the items on the staff desk or show any interest in paper clips. She had never seen a domino in the day program area. Supervisor A said Client #1 had a tendency to ingest bits of paper and he also tried to take food that was not his. She said every morning before the clients arrived, the WCDC staff would clean and scan the day program rooms for small items Client #1 might try to ingest. She said she usually Client #1's waistband and pockets when she took him to the bathroom. Supervisor A said Client #1's pica and food stealing had greatly</p>	W 257			

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W 257	<p>Continued From page 35</p> <p>increased since returning from the hospital in March. Client #1 had a tendency to reach down and pick up small items from the floor.</p> <p>9. When interviewed on 9/10/18 at 11:30 a.m. WCDC Supervisor B said she routinely worked in the REM Washington day program area. She said staff were always with Client #1. Staff swept and scanned the room before the clients arrived each morning. They also swept the floor throughout the day, especially after snacks and lunch. Supervisor B said she did not know staff were supposed to do pocket checks with Client #1, so she never did it. She said Client #1's pica was worse since he began getting limited amounts of pureed food in May. Client #1 had become obsessed with food. The food stealing was much worse. He also had a tendency to pick up small items from the floor, including bits of paper, dirt, lint or fuzz.</p> <p>10. When interviewed on 9/06/18 at 1:45 p.m. the Qualified Intellectual Disability Professional (QIDP) stated Client #1's BSP to reduce pica behavior was revised 7/15/18 to include pica attempts and the ingestion of unsafe food. Staff were supposed to check on Client #1 every five minutes during waking hours. According to the BSP, staff supposed to do a room sweep whenever Client #1 entered a different room and also check his pockets whenever he entered a different room. As an example, the QIDP confirmed if Client #1 left the dining room to go to the living room and then returned to the dining room within a few minutes, staff should do a room sweep each time and check his pockets.</p> <p>During a follow-up interview on 9/10/18 at 4:40 p.m. the QIDP acknowledged Client #1's</p>	W 257			

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W 257	<p>Continued From page 36</p> <p>incidents of pica increased in June and July 2018. She said Client #1 had a tendency to cycle with his behaviors. He was also slowly recovering from a lengthy illness and it took a while for him to get back to his old self. Another client's behaviors have been very intense during this time, which required a lot of staff attention. The QIDP said Client #1's pica and food stealing seemed to get worse when the limited pleasure feeding began in May. The QIDP said she made a revision to the data collection, by adding pica attempts and combining data from the facility and WCDC, but did not change the interventions or supervision as the pica incidents increased and became more serious.</p> <p>A review of the QIDP monthly data reviews for June 2018 and July 2018 revealed the QIDP noted the number of times Client #1 ingested unsafe food and the number of times he ingested inedible items, but the QIDP reviews did not indicate what inedible items or unsafe food items Client #1 had ingested.</p>	W 257			