

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

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5/7/21

PRINTED: 04/16/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>16G161</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/22/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ONE VISION - PEBBLESTONE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>755/765 PEBBLESTONE LANE</b> <b>GARNER, IA 50438</b>	
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W 000	INITIAL COMMENTS  The investigation of #95160-I resulted in determination of Immediate Jeopardy (IJ). On 3/16/21 at 1:15 p.m., Immediate Jeopardy (IJ) was determined based on the facility's failure to ensure staff competency to keep clients safe. The facility was notified on 3/16/22 at 1:25 p.m. The facility developed a plan to remove the IJ, which included updating client diet guidelines and training staff. The IJ was removed on 3/17/21 at 7:43 a.m.  The facility was found to be out of compliance with the Condition of Participation (COP) Facility Staffing. Deficiencies were cited at W158, W159 and W192.  In addition, a deficiency was cited at W154 as a result of the investigation.  The onsite infection control survey resulted in a deficiency cited at W340.	W 000	<b>See Attached POC 4/30/21</b>	
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)  The facility must have evidence that all alleged violations are thoroughly investigated.  This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to ensure a thorough investigation following an incident resulting in the death of a client. This affected 1 of 1 client during the investigation of #95160-I (Client #1) and potentially affected all clients in the homes (Client #2, Client #3, Client #4, Client #5, Client #7, Client #8, Client #9, Client #10 and Client #11).	W 154		

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 154	<p>Continued From page 1</p> <p>Findings follow:</p> <p>Record review on 3/15/21 revealed Client #1's General Event Record (GER) dated 12/1/20. The GER noted Client #1 experienced some drooling and labored breathing following consumption of his evening meal. He became non-responsive and staff implemented Cardio Pulmonary Resuscitation (CPR) and called 911. Upon arrival, paramedics continued CPR and transported Client #1 to the hospital. The QDDP documented the Emergency Room physician informed her Client #1 passed away prior to his arrival to the hospital. The QDDP reported medical staff removed a piece of meat lodged in Client #1's throat.</p> <p>Further record review revealed Client #1's Individual Support Plan (ISP) completed on 9/26/20. The ISP identified Client #1's diet consisted of bite size pieces and the Interdisciplinary Team (IDT) agreed he required supervision when consuming food.</p> <p>Continued record review revealed an Investigative Report prepared by the QDDP dated 12/1/20. Her report indicated Client #1 passed away as a result of choking while eating supper. The report identified staff on duty at the time of the incident, their whereabouts and the actions taken when the QDDP noticed Client #1's compromised health status. The QDDP reported Client #1's food was cut properly and in small pieces. She noted he had experienced no chewing or swallowing problems since his admission (8/24/20). The document lacked any conclusions or follow up recommendations.</p> <p>Record review on 3/18/21 revealed the facility</p>	W 154			

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W 154	Continued From page 2 Reporting and Analyzing Incidents policy. The policy directed staff to notify the Department of Inspections and Appeals (DIA) within 24 hours (or the next business day) of an incident that resulted in death. According to the policy, "Completion of follow-up, remediation, and improvement on a major incident must be completed within five working days of the major incident.  When interviewed on 3/16/21 at 10:15 a.m., the Qualified Developmental Disability Professional (QDDP) confirmed she completed the Investigative Report. She could not produce documentation of follow up, remediation or improvement actions taken following the incident per the facility policy.  When interviewed on 3/17/21 at 3:15 p.m., the Service Director confirmed the facility lacked specific directives for completion of internal investigations. He stated he had begun developing forms to assist staff.	W 154			
W 158	<b>FACILITY STAFFING</b> CFR(s): 483.430  The facility must ensure that specific facility staffing requirements are met.  This CONDITION is not met as evidenced by: Based on interviews and record review, the facility failed to comply with the Condition of Participation (COP) Facility Staffing. The facility failed to provide adequate training to ensure staff competently demonstrated appropriate skills and supervision to ensure client safety.  Cross reference W159 Based on interview and	W 158			

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W 158	Continued From page 3 record review, the facility failed to ensure the Qualified Developmental Disability Professional (QDDP) adequately monitored and integrated professional and Interdisciplinary Team (IDT) recommendations to ensure client safety.  Cross reference W192 Based on interview and record review the facility failed to ensure competent implementation of client Individual Support Plans (ISP) and dietary guidelines.  On 3/16/21 at 1:15 p.m., Immediate Jeopardy (IJ) was determined based on the facility's failure to ensure staff competency to keep clients safe. The facility was notified on 3/16/22 at 1:25 p.m. The facility developed a plan to remove the IJ, which included updating client diet guidelines and training staff. The IJ was removed on 3/17/21 at 7:43 a.m.	W 158			
W 159	QIDP CFR(s): 483.430(a)  Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to ensure the Qualified Intellectual Disability Professional (QIDP) monitored and coordinated supports and services as determined by the Interdisciplinary Team (IDT). This affected 1 of 1 client during the investigation of # 95160-l (Client #1) and 2 of 10 clients currently residing at the facility (Client #2 and Client #6) Findings follow:  1. Record review on 3/15/21 revealed Client #1's GER involving a choking incident on 12/1/20.	W 159			

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W 159	<p>Continued From page 4</p> <p>Further record review revealed Client #1's Individual Support Plan (ISP) completed on 9/26/20. According to the ISP, the IDT agreed staff should cut Client #1's food into bite size pieces and supervise him while he consumed food.</p> <p>Record review on 3/17/21 revealed a hospital report form. The report indicated medical staff removed a 4 x 3 cm.(centimeter) piece of chicken from Client #1's throat following the choking incident. (Based on a Google search, four centimeters equaled 1.57 inches and three cm. equaled 1.18 inches).</p> <p>Further record review revealed a Nutritional Assessment completed by the facility's Registered Dietician (RD) on 8/24/20 . The assessment indicated Client #1 ate a regular, soft, high fiber diet, with food cut "bite size". The RD defined bite size as 1-inch pieces.</p> <p>Record review on 3/16/21 revealed two information sheets previously placed in a binder regarding Client #1's diet. The sheets included provision of ½ inch sized pieces rather than one inch pieces. The information sheets lacked any mention of Client #1's IDT decision to provide supervision when he ate.</p> <p>When interviewed on 3/17/21 at 10:10 a.m., the QDDP confirmed she wrote one of the information sheets and confirmed she included cutting his food into ½-inch pieces for staff reference. She acknowledged she failed to include supervision on the document. The QDDP stated she included an information sheet created by Client #1's previous provider and noted the sheet identified his food should be cut into ½-inch</p>	W 159			

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W 159	<p>Continued From page 5 bite size pieces.</p> <p>Record review of a Nutritional Assessment completed by the facility's Registered Dietician (RD) on 8/24/20 revealed Client #1 ate a regular, soft, high fiber diet, with food cut "bite size". The RD defined bite size as one-inch pieces.</p> <p>When interviewed on 3/17/21 at 10:15 a.m., the QDDP confirmed the inconsistencies in the size of bite and the lack of supervision information regarding Client #1's diet.</p> <p>2. Observation on 3/16/21 at 4:50 p.m. revealed a dietary information sheet on the refrigerator at House 755 for staff reference. The sheet lacked any information regarding Client #6's diet.</p> <p>When interviewed on 3/16/21 at 4:55 p.m., the QDDP confirmed she failed to update the document when Client #6 moved into the house in December.</p> <p>3. Record review on 3/17/21 revealed a binder with information for each client's diet. No guidance regarding Client #2's and Client #6's diets could be located in the binder.</p> <p>When interviewed at 9:45 a.m. on 3/17/21, the QDDP said diet information for all clients should be located in the binder. She acknowledged the lack of information regarding Client #2 and #6.</p> <p>When interviewed on 3/17/21 at 10:20 a.m., the QDDP stated staff should follow the information in the binder to ensure clients received the proper diet to ensure their safety.</p>	W 159			

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W 192	<p><b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews and record review, the facility failed to ensure competent implementation of Individual Support Plans. This failure affected 2 of 2 client during the investigation of #95160-I (Client #1 and Client #2) and potentially affected all clients in the facility (Client #3, Client #4, Client #5, Client #7, Client #8, Client #9, Client #10 and Client #11). Findings follow:</p> <p>1. Record review on 3/15/21 revealed Client #1's General Event Record (GER) dated 12/1/20. The GER recorded a choking incident resulting in Client #1 becoming nonresponsive and staff implementation of Cardio Pulmonary Resuscitation (CPR). Staff called 911; paramedics arrived and transported Client #1 to the hospital. The GER summary noted the Emergency Room physician informed the Qualified Developmental Disability Professional (QDDP) Client #1 passed away. The QDDP reported medical staff removed a piece of meat from Client #1's throat.</p> <p>Review of Client #1's Information List revealed his diagnoses included, Moderate Intellectual Disability (ID), postural kyphosis, gastric ulcer, constipation, age related cataract, dry eye syndrome, hip and knee arthritis and benign prostatic hyperplasia (enlarged prostate/urinary frequency).</p>	W 192			

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W 192	<p>Continued From page 7</p> <p>Further record review revealed Client #1's Individual Support Plan (ISP) completed on 9/26/20. The ISP noted Client #1 was 61 years old, with an admission date of 9/23/20. The ISP identified Client #1 ate a general diet of soft consistency, cut in "bite sized pieces". In addition, the document noted Client #1 needed support and "supervision while consuming food".</p> <p>Record review on 3/16/21 revealed an Emergency/Urgent Care document summarizing the events leading to Client #1's arrival at the hospital and subsequent care provided on 12/1/20. According to the history section, Client #1 was a 61-year-old male with "special needs" brought in by EMS (Emergency Medical Staff) in full cardiac arrest with CPR in progress. EMS reported Client #1 was sitting at the table and staff witnessed him possibly choking when he stood up and collapsed. The summary noted staff at the facility attempted to do the Heimlich maneuver but were unable to get the foreign body out of his throat. The EMS staff arrived and pulled out a "big chunk of chicken" measuring approximately 4 x 3 centimeters (cm) at the base of Client #1's throat. Client #1 passed away at 1831.</p> <p>When interviewed on 3/15/21 at 4:00 p.m., the QDDP recalled she passed medications in the home at approximately 5:30 p.m. on 12/1/20. When she came out of the restroom after helping another client, she saw Client #1 sitting at the table with his plate of food, including a chicken patty sandwich cut in what she described as appropriate sized pieces. The QDDP recalled the TAS was at the stove, not at the table with Client #1 while he ate. The QDDP saw Client #1 stand</p>	W 192			



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W 192	<p>Continued From page 8</p> <p>and go to another table and heard gurgling sounds and noted drooling. She instructed the Temporary Agency Staff (TAS) to call 911 and she started the Heimlich maneuver. She asked Client #1 to stand and he eventually collapsed despite her abdominal thrusts. When on the floor the QDDP began CPR and provided it until the paramedics arrived. The QDDP confirmed staff should have eyes on Client #1 when he consumed food per his ISP. She confirmed hospital staff informed her they found a piece of chicken patty in Client #1's throat on 12/1/20.</p> <p>When interviewed on 3/15/21 at 5:15 p.m., the TAS confirmed she worked with Client #1 at House 755 on 12/1/20. She confirmed Client #1 required his food cut up "bite size" and defined it as the size of a nickel. She said she did not know why Client #1 required his meat cut and stated he did not need eyes on supervision. The TAS said staff just needed to be in the area when Client #1 ate. She said she had never been instructed to sit with him or to prompt him if he ate too fast or took too many bites at a time. The TAS recalled once she served Client #1 his plate, she returned to the counter to fix another client's plate. She said her back was to Client #1 when he ate. She recalled hearing the QDDP talking to Client #1, turned, and saw him in a different chair. She noted he was having difficulty breathing and the QDDP performed abdominal thrusts. The TAS said when Client #1 went to the floor she performed a finger sweep and removed some pieces of canned peach from his mouth. The TAS said she did not witness Client #1 take any bites of his sandwich because her back was to him. She acknowledged since she worked through another company, her training came verbally from other staff and estimated her</p>	W 192			

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W 192	<p>Continued From page 9</p> <p>training time as one hour for all individual clients in the home. The TAS acknowledged the facility provided some written documents in a binder and on the refrigerator for staff reference.</p> <p>On 3/15/21 the surveyor requested documentation of staff training on Client #1's dietary plan. The QDDP stated staff received verbal training from other staff but she would attempt to find documentation of the training provided.</p> <p>When interviewed on 3/16/21 at 10:25 a.m., the Supported Community Living Supervisor (SCLS) confirmed she worked on 12/1/20 due to regular staff calling off. She said other staff on duty included the TAS. She noted the QDDP came to pass medications. She recalled she helped Client #4 in the restroom and when she came out, Client #1 laid on the floor. She said the QDDP later told her she came out of the medication room and saw Client #1 get up and move to another table. The SCLS confirmed she saw Client #1 eating prior to entering the restroom with Client #4. She could not recall the size of his food but she noted no staff sat with him while he ate. She said she did not think staff had to supervise him while he ate. She said she had worked at the home prior to the incident but knew "very little" about Client #1.</p> <p>Record review on 3/17/21 revealed the SCLS User Learning document. The document noted the SCLS received training on multiple topics such as CPR, Mandt, Hand Hygiene and Donning and Doffing Personal Protective Equipment (PPE). The document lacked any documentation of training on Client #1's dietary guidelines.</p>	W 192			

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W 192	<p>Continued From page 10</p> <p>When interviewed on 3/16/21 at 11:30 a.m., the Shift Supervisor explained she trained staff by having them follow her, showing them what to do and then following them to observe them. She denied documenting training on ISPs. She confirmed staff needed to sit with Client #1 during meals because he would take more than one piece of food at a time and would overload his spoon.</p> <p>On 3/16/21 at 12:10 p.m., the QDDP produced documents with information regarding Client #1's diet. She noted the documents had been in a binder staff guidance regarding Client #1's diet. One document titled (Client #1's first and last name) directed staff to cut his food into ½ 'pieces. The sheet lacked information regarding supervision while he ate. The QDDP acknowledged she created the document. (Cross reference W159). A second document titled (Client #1's first name) noted his diet order as soft, bite size and high fiber. The document also directed staff to cut all food, including sandwiches and breads into ½-inch pieces. The QDDP stated she would continue to seek evidence of staff being trained on the documents.</p> <p>When interviewed on 3/17/21 at 11:15 a.m., the QDDP confirmed she could not produce documentation of the TAS or the SCLS being trained on Client #1's dietary guidelines prior to the incident on 12/1/20.</p> <p>When interviewed on 3/17/21 at 10:40 a.m., the QDDP stated a ½-inch bite should be the size of a dice. She said she had been trying to coordinate training with the facility dietician to better define each client's bite size, but no training had been completed at the time of the</p>	W 192			

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W 192	<p>Continued From page 11 investigation.</p> <p>When interviewed on 3/22/21 at 8:50 a.m., the Registered Dietician (RD) confirmed she completed a Nutritional Assessment for Client #1. She said she usually looked at prior recommendations and apparently missed Client #1's history of ½-inch size bites. She acknowledged he needed help to cut his food into smaller pieces because he did not possess the strength and judgement to do so independently. She confirmed she recommended one-inch pieces so he would not get too big a bite. She confirmed 1.57 inches as the equivalent of a 4-centimeter (cm) piece of food. She noted a 4 x 3-cm. piece of food would not be safe for Client #1.</p> <p>2. When interviewed on 3/15/21 at 3:15 p.m., the Shift Supervisor stated staff needed to sit with Client #1 to make sure he took small bites and chewed before he took another bite. She defined his bite size pieces of food as the size of a small Lego.</p> <p>When interviewed on 3/16/21 at 9:35 a.m., the Registered Nurse (RN) confirmed she had observed Client #1 eat meals and noted his food should be cut bite size, ½ inch to 1 inch in size. She said the size of a small Lego or the size of a nickel should be acceptable. She noted staff should sit with him to make sure he drank his fluids.</p> <p>When interviewed on 3/16/21 at 11:40 a.m., Direct Support Professional (DSP) A said Client #1's food should be cut up into 1 inch by 1-inch pieces. She recalled staff sat by him to prompt him to scoop his food.</p>	W 192			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>16G161</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/22/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ONE VISION - PEBBLESTONE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>755/765 PEBBLESTONE LANE</b> <b>GARNER, IA 50438</b>		
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W 192	<p>Continued From page 12</p> <p>When interviewed on 3/16/21 at 4:45 p.m., DSP C defined "bite size" as the size of a nickel. She acknowledged she did not work the night of the incident with Client #1 but noted he did not require supervision when he ate. She then stated that staff usually sat at the table with clients when they ate.</p> <p>When interviewed on 3/16/21 at 9:30 a.m., DSP D stated she was new to the facility and stated she received training on client diets. She said Client #2 required "bite size pieces" and defined bite size as the size of a nickel.</p> <p>Record review on 3/17/21 revealed a blank New Hire Orientation (NHO) Job Shadow Checklist. The Dietary section noted review of menus, grocery shopping, food storage, access to food and adaptive equipment. The document lacked any review of client dietary information.</p> <p>In summary, interviews with staff revealed varying levels of understanding of the term "bite size" and a lack of knowledge of Client #1's level of supervision during consumption of food.</p> <p>3. Observation on 3/16/21 from 5:30 p.m. - 5:50 p.m. revealed Client #2 sat at the table as staff prepared her meal. DSP C sat a bowl of macaroni and cheese on the table and walked away from her. DSP C failed to provide a non-skid mat or a plate riser to Client #2.</p> <p>Record review on 3/16/21 revealed Dietary Guidelines for the clients residing at House 755. According to the document, Client #2 used a non-skid mat, a rocker knife and a plate riser.</p>	W 192			

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>16G161</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/22/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ONE VISION - PEBBLESTONE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>755/765 PEBBLESTONE LANE</b> <b>GARNER, IA 50438</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 192	Continued From page 13 When interviewed on 3/16/21 at 5:50 p.m., the QDDP confirmed staff should provide Client #2 a non-skid mat and a plate riser for ease in accessing her food.	W 192			
W 340	<b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(i)  Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.  This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure staff encouraged clients to participate in hand hygiene. This affected 4 of 10 client residing at the facility. (Client #2, Client #7, Client #8 and Client #9 ). Findings follow:  Observations at House 765 on 3/16/21 at approximately 4:05 p.m. revealed Client #7 prepared a cup of coffee for herself. Staff failed to prompt her to wash her hands during the preparation.  Observations at House 755 on 3/16/21 from 5:30 p.m. - 5:45 p.m., revealed Client #2 entered the dining room and sat down for her meal. A bottle of hand sanitizer sat on the table. Staff failed to prompt her to use the sanitizer or to wash her hands. At 5:50 p.m., staff brought Client #2 a bowl of macaroni and cheese and she began to eat. When the surveyor asked if she washed her hands prior to coming to the table, Client #2	W 340			

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W 340	<p>Continued From page 14 responded, "No". The Qualified Developmental Disability Professional (QDDP) squeezed sanitizer onto Client 2's hands and she rubbed her hands together.</p> <p>Observations at House 765 on 3/17/21 from 11:45 a.m. - 12:05 p.m., revealed Client #7, Client #8, Client #9 and Client #10 waited for staff to prepare their lunch in the dining room. Direct Support Professional (DSP) A and DSP B served lunch to the clients. They failed to prompt the clients to wash or sanitize their hands before they ate. .</p> <p>When interviewed on 3/17/21 at 12:05 p.m., DSP A confirmed she helped Client #10 sanitize her hands earlier but no other clients were encouraged to wash or sanitize their hands prior to eating.</p> <p>Record review on 3/17/21 revealed the facility Exposure Control policy. The policy noted frequent handwashing as the easiest way to avoid getting sick and spreading illness. Guidance to staff included washing hands before preparing food or eating, and teaching clients to do the same.</p> <p>When interviewed on 3/17/21 at 4:35 p.m., the QDDP acknowledged staff should encourage clients to wash or sanitize their hands prior to eating or preparing food or drinks.</p> <p>When interviewed on 3/17/21 at 4:35 p.m., the QDDP confirmed the Registered Nurse (RN) held responsibility to train staff on hand hygiene..</p>	W 340			

## **Plan of Correction**

**One Vision- Clear Lake ICF (755/765 Pebblestone Lane)**

**Submitted by One Vision- Susan Hickman, QIDP and Deb Paschal, Assistant Service Director on 4/22/21**

**One Vision accepts the following citations and presents the following Plan of Correction.**

**W 154 Staff treatment of Clients** – the facility must have evidence that all alleged violations are thoroughly investigated.

### **CFR (s):483.420 (d)(3)**

1. One Vision has created a summary and step by step checklist for investigations. This checklist will be available for all QIDP staff when an investigation is warranted. The document includes a conclusion and follow up recommendation section, any improvement actions taken following the incident and any retraining that is necessary.
2. The Quality Department at One Vision will now be responsible for completing an investigation when the QIDP of the home was involved directly in the incident.

**Person responsible: QIDP**

**Realistic date of completion: completed 4/22/2021**

**W158 Facility Staffing-** The facility must ensure that specific facility staffing requirements are met.

### **CFR(s) 483.430**

1. One Vision will immediately provide specific training regarding individual diets and level of supervision, need for adaptive equipment for meals, according to their Individual Support plans, to ensure everyone's safety during mealtimes. This training will be given to everyone that works in the home. Training will include signature of trainer and the staff, that they understand information. completed. 3/ 17/2021      \*\*This training, specific to each ICF home will be extended to all One Vision ICF homes to ensure the safety of all the individuals we support, Target completion 4/26/21.
2. QIDP will be retrained on the importance of coordinating / reviewing all documents related to each individual client in creating their Service Plan. Completed 4/20/21
3. QIDP will work with all staff through demonstration, written form (Individual Service Plan and program acknowledgment). Training is ongoing as plans and programs are written or updated.



**Person responsible: QIDP**

**Realistic date of completion: 4/26/2021**

### **W159 QIDP**

#### **CFR(s) 483.430(a)**

1. One Vision QIDP will provide consistent monitoring of active treatment plans to ensure they are coordinated with consultant recommendations, IDT and the Individual Service Plan
2. QIDP will be retrained on the importance of coordinating / reviewing all documents related to each individual client in creating their Service Plan. Completed 4/20/21
3. Assistant Service Director will complete monthly checks to ensure QIDP is following guidelines in creating or updating individual Service plan and delivery of information to staff is consistent.

**Person responsible: QIDP, Assistant Service Director**

**Reasonable date of completion: 4/20/21 with ongoing monthly reviews**

### **W192 Staff Training Program**

#### **CFR(s): 483.430 (e)(2)**

4. One Vision will immediately provide specific training regarding individual diets and level of supervision, need for adaptive equipment for meals, according to their Individual Support plans, to ensure everyone's safety during mealtimes. This training will be given to everyone that works in the home. Training will include signature of trainer and the staff, that they understand information. completed. 3/ 17/2021 \*\*This training, specific to each ICF home will be extended to all One Vision ICF homes to ensure the safety of all the individuals we support, target completion date for agency wide compliance: 4/26/21.
5. New Hire Orientation is completed within 30 days of hire, during the orientation period staff are trained on dietary and supervision needs of each individual in the home. This is located on the New Hire Orientation Checklist under Dietary: Explain Individual Diets section on page 2.
6. The facility Dietary Consultant will train staff on diet requirements, such as dysphagia level diets and what size food needs to be prepared for their needs. \*\*This training was completed with leadership staff on 4/20/2021 and taped for future use with DSPs. The handout from the training as of 4/21/21 is available in each home for reference.
7. Each home now has a cutter specific for cutting food into smaller sizes. Use of this will be integrated into the ISP training sheet as needed based on Dietary and Speech consultant recommendations.

8. Leadership staff (QIDP and Nursing) met to clarify the definition of level of supervision needed per individual related to mealtimes. This was added to the dietary training sheets along with a photo of a prepared meal for the individual as an example.  
Completed 3/26/2021

**Person responsible: QIDP**

**Realistic date of completion: 4/30/2021 and ongoing with new staff**

### **W 340 Nursing Services / Hand washing**

**CFR(s); 483.460(c)(5)(I)**

1. In combination with the One Vision's Exposure Control policy, Hand sanitizer or wipes will be available on the table or counter before and during mealtime.
2. Staff will support each individual to wash hands before handling food through hands on support or verbal prompts.
3. Re-training with DSP and leadership staff in the home will be completed by the QIDP with Nursing involvement by 4/30/21

**Person responsible: QIDP**

**Realistic date of completion:4/30/21**

### **Agency-wide implementation:**

One Vision will ensure that the process and verification of training for dietary needs and level of supervision at mealtimes is present in every One Vision ICF program.

One Vision will make sure all ICF programs review all current orders related to dietary needs and level of supervision at mealtimes and make sure information is reflected in the staff training for each program site.