

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

PRINTED: 11/01/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>46G009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/17/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UTAH STATE DEVELOPMENTAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>895 NORTH 900 EAST AMERICAN FORK, UT 84003</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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W 000

INITIAL COMMENTS  
  
A recertification inspection was started on 10/16/2023 and was completed on 10/17/2023. The facility was surveyed according to the Intermediate Care Facilities for Individuals with Intellectual Disabilities federal regulations. Non-compliance was identified and deficiencies were cited.

W 000

POC date 12/16/2023  
  
This POC was approved on 12/11/2023 by Jared Brown, Lead Licensor  
  
*Jared Brown*

W 111

CLIENT RECORDS  
CFR(s): 483.410(c)(1)  
  
The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by:  
Based on record review and interview, it was determined that the facility did not maintain a record keeping system that documented the client's health care and protection of the client's rights, for 2 of 11 sampled clients. Client Identifiers: 1 and 11.  
  
Findings include:  
  
1. Client 1, a 17 year old female, was admitted to the facility on 6/21/2023 with diagnoses which included mild intellectual disability and trauma and stressor-related disorder.  
  
On 10/17/2023 at 7:30 AM, Client 1's residence was entered and an interview was conducted with Client 1.  
  
Client 1 stated, "Last Friday [10/13/2023], I was restrained by a bunch of staff. I threw a pair of headphones at [a staff member], but I accidentally hit [another client]. When that

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

TITLE

**SUPERINTENDENT**

(X6) DATE

**12/07/2023**

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 111

Continued From page 1  
happened, three (3) staff came over and put me on the ground. One (1) staff had her arm across my stomach and I was yelling that I couldn't breathe. I was kicking and screaming and [another staff] was holding my legs down. [The staff] put me in restraints [wrist-to-waist] and then pulled me into a sitting position. Then [the staff] made me stand up and [dragged] me to the time-out room. I was in there for a long time."

During the interview, Employee 10 was observed to be sitting at the same table as Client 1 and overheard the conversation with Client 1. Employee 10 stated, "I wasn't here when the incident happened, but I heard about it. [Male staff] from one of the other pods came over to help and security was called. One of the staff that was here when it happened was [Employee 11]. They are working in this pod today."

An interview was conducted with Employee 11, who reiterated the same details of the incident as Client 1. Employee 11 stated, "[Client 1] threw the headphones and when the staff went to restrain her, she started hitting and kicking. [One of the staff] was trying to find the correct restraints, but couldn't locate them. Eventually, she was able to find them. I held her wrist, while [two (2) other staff] held down her legs. We got the restraint on [Client 1] and then she was picked up off the ground and taken to the time-out room." When asked if she walked to the time-out room or if she was "dragged" by staff, Employee 11 stated, "Well, sometimes the clients don't want to walk. So we have to get them [to the time-out room] somehow."

Documentation of the Restraint Observation Checklist was requested and reviewed.

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W 111

Continued From page 2

Client 1 was documented to have entered the time-out room at 12:45 PM and be released from the time-out room at 2:03 PM on 10/13/2023.

At 9:00 AM, incident reports for the previous 3 months, including documentation of this incident, was requested from the facility Assistant Administrator. An incident report for the incident with Client 1 that occurred on 10/13/2023 was not provided.

An interview was conducted with the facility Assistant Administrator, who acknowledged an incident report was not completed and the facility did not maintain a record keeping system that documented the client's health care and protection of the client's rights.

2. Client 11 was a 37 year old male who was admitted to the facility on 9/9/2020 with diagnoses which included mild intellectual disability, morbid obesity, intermittent explosive disorder and gastro-esophageal reflux disease.

On 10/17/2023 at 7:10 AM, Client 11 was observed to be sleeping in the common area of the ASH unit in pod #2.

At 7:35 AM, after the Client 11 awoke, he approached the surveyor and stated that he "had eaten a latex glove around 12:00 AM on 10/17/2023" and reported that he "could feel the glove in his esophagus and his stomach hurt." Employee 8 was interviewed and stated that it had been reported to him from the night shift that Client 11 had eaten a latex glove.

At 8:50 AM, Client 11's incident reports, person

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W 111 Continued From page 3 centered plan (PCP) and behavioral support plan (BSP) were requested.

At 9:00 AM, Client 11's PCP and BSP were provided and reviewed. The incident report involving swallowing a latex glove was not provided.

At 9:15 AM, Employee 6 was interviewed and stated that an incident report "was not completed for [Client 11] after eating the latex glove, but there was a "nurses note." Employee 6 further stated that Client 11 had stabbed himself in the leg with a pen on 10/16/2023 and there was also not an incident report for that incident.

At 9:20 AM, Employee 6 acknowledged that Client 11 did not have incident reports completed for the two (2) incidents that occurred on 10/16/2023 and 10/17/2023 and that the incident reports should have been completed by the staff.

W 133 PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(9)

The facility must ensure the rights of all clients. Therefore, the facility must ensure clients have the opportunity to communicate, associate and meet privately with individuals of their choice. This STANDARD is not met as evidenced by:  
Based on observation and interview, it was determined that the facility did not ensure clients had the opportunity to communicate, associate and meet privately with individuals of their choice, for 2 of 10 sampled clients. Client Identifiers: 5 and 11.

Findings include:

**W111- CLIENT RECORDS:** The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of client's rights.

**Response:**

For Client 1, staff will be trained on submitting an incident report any time there is a significant inappropriate behavior incident, as outlined in USDC policy 11.09.03 Reportable Incidents.

For Client 11, an incident report was submitted detailing the incident regarding swallowing a latex glove. Staff will be trained on submitting an incident report any time there is a significant inappropriate behavior incident, as outlined in USDC policy 11.09.03 Reportable Incidents.

At USDC, staff will be trained on submitting an incident report any time there is a significant inappropriate behavior incident, as outlined in USDC policy 11.09.03 Reportable Incidents.

This plan of correction will be monitored by the investigation team.

**Completion Date:** 12/16/2023 and continual

**Persons Responsible:** DSPs, LDSPs, QIDPs, Behavior Specialists

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W 133	<p>Continued From page 4 On 10/17/2023 at 7:05 AM, Pod 2 in the ASH unit was entered.</p> <p>1. Client 5, a 23 year old male, was admitted to the facility on 6/1/2023 with diagnoses which included disruptive mood dysregulation disorder, attention deficit hyperactivity disorder, bipolar I, social communication disorder, generalized anxiety disorder and autism spectrum disorder.</p> <p>2. Client 11, a 37 year old male, was admitted to the facility on 9/9/2020 with diagnoses which included mild intellectual disability, morbid obesity, intermittent explosive disorder and gastro-esophageal reflux disease.</p> <p>Client 5 and Client 11 were both identified as residing in the ASH Pod 2 unit.</p> <p>At 7:10 AM, an observation was made of a note written on a white board in the unit that stated, "All phone calls must be on speaker phone."</p> <p>At 7:15 AM, an interview was conducted with Employee 8, who stated that they had all phone calls on speaker phone, so they could monitor for "inappropriate conversations such as drug deals, threats and things like that."</p> <p>At 10:30 AM, an interview was conducted with Qualified Intellectual Disabilities Professional (QIDP) 3 who stated that it was "a house rule for Pod 2." When asked if it had been reviewed in the facility's Human Rights Committee, QIDP 3 stated he "did not believe so." QIDP 3 acknowledged that the facility did not ensure Clients 5 and 11 had the opportunity to communicate, associate and meet privately with individuals of their choice.</p>	W 133		
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**W133- PROTECTION OF CLIENTS RIGHTS:** The facility must ensure the rights of all clients. Therefore, the facility must ensure clients have the opportunity to communicate, associate, and meet privately with individuals of their choice.

**Response:**

For Client 5, the QIDP will be trained and submit a right's restriction to the Human Rights Committee stating that phone calls must be on speaker phone and provide evidence as to why the restriction needs to be in place.

For Client 11, the QIDP will be trained and submit a right's restriction to the Human Rights Committee stating that phone calls must be on speaker phone and provide evidence as to why the restriction needs to be in place.

At USDC, professionals are to follow policy 30.14.03 Human Rights Committee which outlines what restrictions need to be submitted for approval, including restrictions of movement, activity, or access to personal possessions.

This plan of correction will be monitored by QIDPs and the Quality Assurance Team.

**Completion Date:** 12/16/2023 and continual

**Persons Responsible:** QIDPs

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W 196

**ACTIVE TREATMENT**  
CFR(s): 483.440(a)(1)

W 196

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 the client to function with as much self determination and independence as possible; and
- (ii) The prevention or deceleration of regression or loss of current optimal functional status.

This STANDARD is not met as evidenced by:  
Based on record review and interview, it was determined, for 1 of 10 clients, that each client did not receive a continuous active treatment program, which included aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that was directed toward the acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible and the prevention or deceleration of regression or loss of current optimal functional status. Client Identifier 5.

Findings include:

Client 5, a 23 year old male, was admitted to the facility on 6/1/2023 with diagnoses which included disruptive mood dysregulation disorder, attention deficit hyperactivity disorder, bipolar I, social communication disorder, generalized anxiety disorder and autism spectrum disorder.

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W 196	<p>Continued From page 6</p> <p>On 10/16/2023 at 1:30 PM, Client 5's Person Centered Plan (PCP), dated 7/1/2023, was reviewed and listed three (3) program objective goals.</p> <p>Client 5 had formal goals for budgeting money, using appropriate social interactions and learning to apologize.</p> <p>Client 5's budgeting money program goal included six (6) steps and stated, "Data will be collected 2x per month on either AM or PM shift."</p> <p>"1. [Client 5] will say how much money he spent last week.</p> <p>2. [Client 5] will say how much money he will have if he spends the same amount this week.</p> <p>3. [Client 5] will say how much money he will have if he spends the same amount all month.</p> <p>4. [Client 5] will say how much money he made on his paycheck last month.</p> <p>5. [Client 5] will add last months paycheck to his social security (\$45).</p> <p>6. [Client 5] will say if his total income last month would be enough for his current spending habits."</p> <p>Client 5's appropriate social interactions goal included five (5) steps and stated, "Data will be collected 3x per week or 12 x per month per month on either AM or PM shift."</p> <p>"1. [Client 5] will obey a request by staff or others.</p>	W 196		
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W 196	<p>Continued From page 7</p> <ol style="list-style-type: none"> <li>2. [Client 5] will refrain from teasing, threatening or making fun of those he is communicating with.</li> <li>3. [Client 5] will stay calm.</li> <li>4. [Client 5] will not argue.</li> <li>5. [Client 5] will disengage and remove himself from the situation."</li> </ol> <p>Client 5's learning to apologize program goal included six (6) steps and stated, "Data will be collected 2x per week or 10x per month on either AM or PM shift."</p> <ol style="list-style-type: none"> <li>"1. Staff or [Client 5] will recognize where/when an apology is necessary.</li> <li>2. [Client 5] will approach the person in a pro social manner (i.e. distance, timing, tone, tact).</li> <li>3. [Client 5] will look at the other person he is speaking to.</li> <li>4. [Client 5] will say the person's name along with "I apologize."</li> <li>5. [Client 5] will remain calm.</li> <li>6. [Client 5] will remove himself from the situation."</li> </ol> <p>Client 5's data tracking for October 2023 was requested and reviewed. All data tracking sheets were marked with refusals for all three (3) of Client 5's formal programs.</p> <p>On 10/17/2023 at 10:30 AM, an interview was conducted with Qualified Intellectual Disabilities</p>	W 196		
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W 196	Continued From page 8 Professional (QIDP) 3. QIDP 3 stated that they were having issues with Client 5 and that he was refusing all of their treatment attempts, including running his programs. QIDP 3 stated that he did not get Client 5's programs out until October and that was all the data they had. QIDP 3 further stated that he was not sure if Client 5 was an appropriate candidate for placement at the facility and they had just received a new psychological evaluation which gave Client 5 an overall IQ of 86. QIDP 3 further stated that it was difficult to run a continuous active treatment program for Client 5, due to his non-compliance and refusals, and that Client 5 had been causing issues and problems with the other clients on the unit. QIDP 3 further stated he was not sure what other options he had for Client 5 in regards to placement.  At 10:45 AM, QIDP 3 acknowledged that Client 5 did not receive a continuous active treatment program, which included aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that was directed toward the acquisition of the behaviors necessary for Client 5 to function with as much self determination and independence as possible and the prevention or deceleration of regression or loss of current optimal functional status.	W 196			
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)  Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted	W 210			

**W196- ACTIVE TREATMENT:** 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 the is directed toward 1) the acquisition of behaviors necessary for the client to function with as much self determination and independence as possible and 2) the prevention or deceleration of regression or loss of current optimal functional status.

**Response:**

For Client 5, the QIDP will train staff to provide continuous effort to get the individual to participate in active treatment.

At USDC, staff will provide continuous active treatment to each individual and assist them in creating their person centered plan as outlined in USDC policy 21.06.03 Individual Person Centered Plan.

This plan of correction will be monitored by QIDPs.

**Completion Date:** 12/16/2023 and continual

**Persons Responsible:** DSPs, LDSPs, QIDPs

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W 210	Continued From page 9 prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined that the interdisciplinary team did not complete the comprehensive functional assessment within 30 days of admission, for 1 of 10 sampled clients. Client Identifier 2.  Findings include:  Client 2 was an 18 year old male who was admitted to the facility on 6/29/2023 with diagnoses including a mild intellectual disability.  On 10/16/2023 at 10:00 AM, a request was made for Client 2's Person Centered Plan (PCP) and the Comprehensive Functional Assessment (CFA).  At 11:00 AM, the PCP was provided. The CFA was not provided.  Another request for Client 2's CFA was made.  At 12:00 PM, an interview was conducted with the Assistant Administrator, who stated that a CFA had not been completed for Client 2.  On 10/17/2023 at 10:30 AM, an interview was conducted with Qualified Intellectual Disabilities Professional (QIDP) 3. QIDP 3 stated that a CFA had not been completed for Client 2 and acknowledged that Client 2 did not receive accurate assessments that were completed within 30 days of admission.	W 210			
W 231	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(iii)	W 231			

**W210- INDIVIDUAL PROGRAM PLAN:** Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.

**Response:**

For Client 2, a comprehensive functional assessment will be completed.

At USDC, all individual evaluations and assessments will be completed and submitted to the QIDP in preparation for PCP meetings as outlined in USDC policy 21.06.03 Individual Person Centered Plan.

This plan of correction will be monitored by QIDPs.

**Completion Date:** 12/16/2023 and continual

**Persons Responsible:** QIDPs and Treatment Teams

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>46G009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/17/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>UTAH STATE DEVELOPMENTAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>895 NORTH 900 EAST AMERICAN FORK, UT 84003</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 231	<p>Continued From page 10</p> <p>The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance. This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview, it was determined the objectives of the individual program plan were not expressed in behavioral terms that provided measurable indices of performance, for 1 of 10 sampled clients. Client Identifier 6.</p> <p>Findings include:</p> <p>Client 6, a 29 year old female, was admitted to the facility on 11/28/2017 with diagnoses which included mild intellectual disability, unspecified mood disorder, attention deficit hyperactivity disorder and obesity.</p> <p>A Person Centered Plan (PCP), dated 1/13/2023, was reviewed.</p> <p>Client 6 had the following formal goals: "Appropriate with Others" and "Problem Solving Skills."</p> <p>The "Appropriate with Others" goal, started 1/13/2023, was to be run throughout the month and data collected 10 times per month.</p> <p>Under "Instructions for Training," the formal goal stated, "Staff will support [Client 6] by giving her prompts to remind her to keep appropriate boundaries and pay attention to her own needs. Staff will be positive and encouraging and let [Client 6] know when she does the right thing."</p> <p>Client 6 was to perform the following steps:</p>	W 231			

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W 231	<p>Continued From page 11</p> <p>"1. [Client 6] will recognize a staff is interacting/assisting another individual,</p> <p>2. [Client 6] will take a step back and</p> <p>3. [Client 6] will refrain from engaging or interjecting comments while staff are assisting other individuals."</p> <p>The "Problem Solving Skills" goal, started 1/13/2023, was to be run throughout the month and data collected six (6) times each month.</p> <p>Under "Instructions for Training," the formal goal stated, "... [Client 6] will develop positive habits by increasing her ability to problem solve. The goal should be ran whenever a problem or question arises in her daily routine, and can be practiced/role played...As needed, provide possible options and solutions, and record the prompt level used. Roleplay and practice the steps when not agitated. Offer praise for all participation with the goal."</p> <p>Client 6 was to perform the following steps:</p> <p>"1. [Client 6] will state what the problem is or what is bothering her,</p> <p>2. [Client 6] will identify one option that she could try to solve it,</p> <p>3. [Client 6] will identify a second option that she could try to solve it,</p> <p>4. [Client 6] will list one possible solution to the problem, that she could use,</p> <p>5. [Client 6] will list a second possible solution to</p>	W 231		
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W 231	Continued From page 12 the problem, that she could use,  6. [Client 6] will choose the solution she would like to try and  7. [Client 6] will state what her desired outcome to the problem will be."  At 3:20 PM, an interview was conducted with facility Qualified Intellectual Disability Professional (QIDP) 1, who was asked about Client 6's "Appropriate with Others" and "Problem Solving Skills" goals. The facility QIDP 1 acknowledged the objectives of Client 6's individual program plans were not expressed in behavioral terms that provided measurable indices of performance.	W 231		
W 232	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(iv)  The objectives of the individual program plan must be organized to reflect a developmental progression appropriate to the individual. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the objectives of the individual program plan were not organized to reflect a developmental progression appropriate to the individual, for 3 of 10 sampled clients. Client Identifiers: 1, 6 and 10.  Findings include:  1. Client 10 was a 50 year old male who was admitted to the facility on 11/5/2003 with diagnoses including a mild intellectual disability, schizoaffective disorder, Pickwickian syndrome and morbid obesity.	W 232		

**W231-INDIVIDUAL PROGRAM PLAN:** The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance.

**Response:**

For Client 6, the QIDP will update the goals in the PCP to ensure they provide measurable indices of performance.

At USDC, the treatment team and individual will review the outcomes, long range goals, and services and support and make changes or revisions as deemed appropriate as outlined in USDC policy 21.06.03 Individual Person Centered Plan.

This plan of correction will be monitored by QIDPs.

**Completion Date:** 12/16/2023 and continual

**Persons Responsible:** DSPs, LDSPs, QIDPS

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W 232

Continued From page 13  
On 10/16/2023, a record review was conducted for Client 10.

Client 10's Person Centered Plan (PCP) was dated 12/30/2022. Under the "Money Management" section, the PCP stated "A money management was completed."

Client 10's goals were attached to the PCP and included five (5) program goals: money management, self-medication, sweep floors, cleans bedroom and participation in vocational setting.

A review of Client 10's "Skill Assessment," dated 1/13/2023, was conducted.

The "Rating Scale" on the "Skill Assessment" revealed that rate "1" meant "Performs Skills Independently" and "2" meant "Performs skill with little assistance."

The section titled "Money Management Skills" on Client 10's assessment revealed that Client 10 was rated to have "1" for identifying coins/ bills, verbalizing value of coins and bills, counting money and reading price tags. Client 2 was rated to have "2" with making changes and completing budget forms.

On 10/17/2023 at 2:32 PM, a request was made to the facility Assistant Administrator to invite Client 10's QIDP for an interview. The facility Assistant Administrator provided an email sent by QIDP 5 that stated "We are trying to establish a new baseline for his [Client 10's] goal now, he is being/showing independence in it, so we will probably change that one soon."

W 232

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W 232

Continued From page 14

The facility Assistant Administrator was interviewed and acknowledged that Client 10's objectives of the individual program plan were not organized to reflect the developmental progression that was appropriate to him.

On 10/16/2023, a review of Client 1 and Client 6's medical records were conducted.

2. Client 1, a 17 year old female, was admitted to the facility on 6/21/2023 with diagnoses which included mild intellectual disability and trauma and stressor-related disorder.

An IP Skills Assessment, dated 7/18/2023, was reviewed and stated, "... 4. a. Initiates laundry, b. Sorts laundry correctly, c. Sets washer correctly, d. Measures detergent, e. Uses bleach appropriately, f. Sets dryer correctly, g. Cleans lint trap, h. Removes items from dryer when completely dry, i. Hangs clothes to dry, j. Folds items correctly and k. Stores items correctly...5. Bedroom Maintenance Skills: a. Makes bed, b. Changes sheets as needed, c. Orderly drawers, d. Orderly closet, e. Dusts weekly, f. Empties wastebasket and g. Vacuums....12. Money Management Skills: a. Identifies coins/bills, b. Verbalizes value of coins/bills, c. Counts money and d. Makes change...13. Reading Skills: a. Reads own first/last name... c. Reads simple words... h. Uses dictionary...14. Printing/Writing Skills:...e. Prints simple words, f. Prints sentences..."

Client 1 was identified as "Performs Skill Independently" with the above mentioned tasks.

A Person Centered Plan (PCP), dated 7/20/2023, was reviewed.

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W 232	<p>Continued From page 15</p> <p>Client 1 had the following formal goals: Cleans Bedroom, Self-Medication and Keeps a Financial Ledger.</p> <p>The "Cleans Bedroom" goal, started 7/20/2023, was to be run every morning and data collected 12 times per month.</p> <p>Client 1 was to perform the following steps:</p> <p>"1. [Client 1] will make her bed,</p> <p>2. [Client 1] will close her drawers on her dresser,</p> <p>3. [Client 1] will pick up all clothes that are on the floor,</p> <p>4. [Client 1] will put any dirty clothes in the hamper and</p> <p>5. [Client 1] will put her shoes away in her cubby."</p> <p>The "Self-Medication" goal, started 7/20/2023, was to be run every morning and data collected nine (9) times per month.</p> <p>Client 1 was to perform the following steps:</p> <p>"1. [Client 1] will choose the correct packet(s) for the medication pass,</p> <p>2. [Client 1] will identify Duloxetine as "blue green capsules",</p> <p>3. [Client 1] will state why she takes Duloxetine (to help manage her mood) and</p>	W 232		

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W 232	<p>Continued From page 16</p> <p>4. [Client 1] will mark her calendar when done."</p> <p>The "Keeps a Financial Ledger" goal, started 7/20/2023, was to be run on the AM or PM shift and data collected four (4) times per month.</p> <p>Client 1 was to perform the following steps:</p> <p>"1. [Client 1] will record the item purchased on her money ledger,</p> <p>2. [Client 1] will record the amount of money of the item ledger,</p> <p>3. [Client 1] will subtract the amount from her balance and</p> <p>4. [Client 1] will record the new balance in her ledger."</p> <p>At 3:10 PM, an interview was conducted with facility Qualified Intellectual Disability Professional (QIDP) 1, who was asked about Client 1's abilities with cleaning, medications and money and Client 1's formal programs. The facility QIDP 1 stated, "[Client 1] is very independent. She is able to clean up her room and put her clothes and shoes away without assistance. [Client 1] knows all of the medications she currently takes, including the time and dose and the side effects of each [medication]. [Client 1] also knows how to read and write, add and subtract." The facility QIDP 1 acknowledged that the objectives of Client 1's individual program plan were not organized to reflect a development progression appropriate to Client 1.</p> <p>3. Client 6, a 29 year old female, was admitted to</p>	W 232		
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W 232	<p>Continued From page 17</p> <p>the facility on 11/28/2017 with diagnoses which included mild intellectual disability, unspecified mood disorder, attention deficit hyperactivity disorder and obesity.</p> <p>An IP Skill Assessment, dated 1/11/2023, was reviewed and stated, "...1. Self Care Skills:... q. Medication Administration...12. Money Management Skills: a. Identifies coins/bills b. Verbalizes value of coins/bills c. Counts money d. Makes change e. Reads price tags f. Completes budgeting form g. Fills out banking slips h. Opens savings/checking account i. Purchases money orders j. Writes checks k. Balances checkbook..."</p> <p>Client 6 was identified as "Performs Skill Independently" with the above mentioned tasks.</p> <p>A PCP, dated 1/13/2023, was reviewed.</p> <p>Client 6 had the following formal goals: "Money Management" and "Self-Medication."</p> <p>The "Money Management" goal, started 1/13/2023, was to be run throughout the month and data collected four (4) times per month.</p> <p>Client 6 was to perform the following steps:</p> <p>"1. [Client 6] will receive her money and trip permit from the business office,</p> <p>2. [Client 6] will receive the receipts from her purchases,</p> <p>3. [Client 6] will compare the change she has left to ensure it matches the receipts,</p>	W 232		
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W 232	<p>Continued From page 18</p> <p>4. [Client 6] will fill out an ATR (Attached-to-Receipt),</p> <p>5. [Client 6] will ask staff to verify her ATR and</p> <p>6. [Client 6] will return her trip permit and money back in to the business office."</p> <p>The "Self-Medication" goal, started 1/13/2023, was to be run throughout the month and data collected nine (9) times on the AM med time and nine (9) times on the PM med time.</p> <p>Client 6 was to perform the following steps:</p> <p>"1. [Client 6] will choose the correct packet(s) for the medication pass,</p> <p>2. [Client 6] will identify "2 large white round pills,"</p> <p>3. [Client 6] will state why she takes Metformin (to help manage her weight) and</p> <p>4. [Client 6] will mark her calendar when done."</p> <p>At 3:20 PM, an interview was conducted with facility QIDP 1, who was asked about Client 6's abilities with medication management and money and Client 6's formal programs. When asked why Client 6 was given medication management and money goals after being assessed to be "independent" with all aspects of medication management and money, the facility QIDP 1 stated, "[Client 6] is really smart and she knows how to do all of those things already. But her behaviors get in the way. That is why I created the goals I did." The facility QIDP 1 further acknowledged that the objectives of Client 6's</p>	W 232		
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W 232	Continued From page 19	W 232		
W 248	individual program plan were not organized to reflect a development progression appropriate to Client 6. <b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(7)  A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined that a copy of each client's individual plan was not made available to all relevant staff, for 1 of 10 sampled clients. Client Identifier 2.  Findings include:  Client 2 was an 18 year old male who was admitted to the facility on 6/29/2023 with diagnoses including a mild intellectual disability.  On 10/16/2023 at 11:00 AM, a record review was conducted for Client 2. Client 2's Person Centered Plan (PCP) was dated 7/29/2023.  The PCP indicated that Client 2 had a program goal for medication administration. The goal was to be run a total of 18 times per month and data was to be collected for a total of 9-AM medication administrations and 9-PM medication administrations. The goal was implemented on 7/29/2023 and had four (4) steps including:  "1. [Client 2] will choose the correct packet for the medication pass.	W 248		

**W232- INDIVIDUAL PROGRAM PLAN:** The objectives of the individual program plan must be organized to reflect a developmental progression appropriate to the individual.

**Response:**

For Client 1, PCP goals will be reviewed and updated to reflect the developmental progression of the individual, as appropriate.

For Client 6, PCP goals will be reviewed and updated to reflect the developmental progression of the individual, as appropriate.

For Client 10, PCP goals will be reviewed and updated to reflect the developmental progression of the individual, as appropriate.

At USDC, the treatment team and individual will review the outcomes, long range goals, and services and support and make changes or revisions as deemed appropriate as outlined in USDC policy 21.06.03 Individual Person Centered Plan.

This plan of correction will be monitored by QIDPs.

**Completion Date:** 12/16/2023 and continual

**Persons Responsible:** DSPs, LDSPs, QIDPs

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W 248	<p>Continued From page 20</p> <p>2. [Client 2] will identify his Risperidone as small/white/round.</p> <p>3. [Client 2] will identify why he takes Risperidone (to help manage his mood).</p> <p>4. [Client 2] will mark his calendar."</p> <p>Client 2 had a "Banking and Money Management" program goal. The goal was to be run one time per week. The goal was implemented on 7/29/2023 and had four (4) steps including:</p> <p>"1. [Client 2] will record the item purchased on his money ledger.</p> <p>2. [Client 2] will record the amount of money of the item purchased.</p> <p>3. [Client 2] will subtract the amount from his balance.</p> <p>4. [Client 2] will record the new balance in his ledger."</p> <p>At 3:15 PM, an interview was conducted with Employee 3, who worked on Client 2's unit. Employee 3 was asked if Client 2 had any program goals that he was working on. Employee 3 stated that Client 2 was working towards getting a job off campus and making sure he completed his daily hygiene tasks. Employee 3 was asked if Client 2 had a medication program. Employee 3 stated that she didn't think so, but if he did, it would be in the medication goal binder.</p> <p>Employee 3 retrieved the binder and the goal book was reviewed. Client 2 did not have a</p>	W 248		

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W 248	<p>Continued From page 21</p> <p>medication program goal sheet in the binder. Employee 3 was asked where to find what program goals Client 2 was working on. Employee 3 stated that if they had goals they would be in the "goal book."</p> <p>No goals were observed to be in the "goal book."</p> <p>An interview was conducted with Employee 4, who worked on Client 2's unit. Employee 4 was asked about Client 2's program goals. Employee 4 stated that she thought that Client 2 had a medication program goal to take his eye drops and was not aware of any other program goals for Client 2. Employee 4 was asked how they would know if someone had program goals and she stated that they would be in the "goal book."</p> <p>An interview was conducted with Employee 16, who worked on Client 2's unit. Employee 16 was asked about Client 2's program goals. Employee 16 stated that Client 2 had a goal to "move out" and was not aware of any other goals Client 2 was working on.</p> <p>On 10/17/2023 at 7:35 AM, a medication administration was observed for Client 2, with Employee 7. Client 2 was observed to approach the window separating the unit and the kitchen. Employee 7 held up two (2) different medication boxes and requested that Client 2 pick the appropriate medication box. Client 2 chose his medication box. Employee 7 dispensed Client 2's medications into a medication cup. Client 2 was to receive escitalopram, risperidone, Vitamin D3 and aripiprazole. Employee 7 gave Client 2 the medication cup and took his medications independently.</p>	W 248		
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W 248 Continued From page 22  
An interview was conducted with Employee 7, who was asked if Client 2 had a medication goal. Employee 7 stated that he thought that Client 2's medication goal had to do with "taking eye drops" and Client 2 received his eye drop medications from the nurse. Employee 7 was asked if there were any other program goals Client 2 was working on. Employee 7 stated that he did not know and the goals would be in the binder, if they were working on anything.

W 248

A request was made to Employee 7 to observe the goal binder for clients who had medication goals. There was no goal listed for Client 2 in the binder. Employee 7 acknowledged that they did not know how to locate which program goals Client 2 was working on.

At 9:30 AM, an interview was conducted with the Supervising Nurse, who acknowledged that staff who worked directly with Client 2 did not know how to access his plan to know which program goals he was working on.

At 10:50 AM, an interview was conducted with Qualified Intellectual Disabilities Professional 3, who acknowledged that Client 2 had a medication and money management program goal and staff were not aware of how to access the Person Centered Plan (PCP).

W 249 PROGRAM IMPLEMENTATION  
CFR(s): 483.440(d)(1)

W 249

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

**W248- INDIVIDUAL PROGRAM PLAN:** A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents, or legal guardian.

**Response:**

For Client 2, staff will be trained on how to locate the person centered plan.

At USDC, the PCP will be electronically signed off and the original hard copy of the plan will be placed in the individual's record and available to staff no less than thirty working days past the conference date and within 365 days of the last PCP as outlined in USDC policy 21.06.03 Individual Person Centered Plan.

This plan of correction will be monitored by QIDPs.

**Completion Date:** 12/16/2023 and continual

**Persons Responsible:** DSPs, LDSPs, QIDPs

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W 249	<p>Continued From page 23 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 observation, record review and interview, it was determined that as soon as the interdisciplinary team had formulated 5 of 10 sampled client's individual program plans, each client did not receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in their individual program plans. Client Identifiers: 2, 5, 6, 12 and 13.</p> <p>Findings include:</p> <p>1. Client 6, a 29 year old female, was admitted to the facility on 11/28/2017 with diagnoses which included mild intellectual disability, unspecified mood disorder, attention deficit hyperactivity disorder and obesity.</p> <p>A Person Centered Plan (PCP), dated 1/13/2023, was reviewed and revealed a weekly schedule.</p> <p>The weekly schedule was reviewed. Client 6 was scheduled to attend an on-campus day program Monday through Friday, in the morning and in the afternoon, returning to her residence for a break between shifts.</p> <p>A formal goal of "Follows Work Schedule" was observed in the PCP and reviewed.</p> <p>The program goal included five (5) steps and</p>	W 249		
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stated the "goal will be ran on either the AM or PM shift."  
  
"1. [Client 6] will tell staff she is ready to go to work at designated time.  
  
2. [Client 6] will call the designated work area and let them know she is leaving the pod.  
  
3. [Client 6] will ask staff to let her out of the building.  
  
4. [Client 6] will walk directly to designated work location without picking up objects.  
  
5. [Client 6] will notify work manager she has arrived to work."  
  
At 3:05 PM, an interview was conducted with the facility Qualified Intellectual Disability Professional (QIDP) 1, who acknowledged Client 6 attended an on-campus day program Monday through Friday, in the morning and in the afternoon. The facility QIDP 1 stated "either the morning or afternoon shift is responsible for running [Client 6]'s formal work program." The facility QIDP 1 acknowledged the "Follows Work Schedule" program was not being run at every opportunity, because Client 6 attended the day program twice a day and staff were only running the program once a day. The facility QIDP 1 further acknowledged Client 6 did not receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in their individual program plans.

W 249

2. Client 2 was an 18 year old male who was

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W 249	<p>Continued From page 25</p> <p>admitted to the facility on 6/29/2023 with diagnoses including a mild intellectual disability.</p> <p>On 10/16/2023 at 11:00 AM, a record review was conducted for Client 2. Client 2's PCP was dated 7/29/2023.</p> <p>The PCP indicated that Client 2 had a program goal for medication administration. The goal was to be run a total of 18 times per month and data was to be collected for a total of 9- AM medication administrations and 9- PM medication administrations. The goal was implemented on 7/29/2023 and had four (4) steps including:</p> <ol style="list-style-type: none"> <li>"1. [Client 2] will choose the correct packet for the medication pass.</li> <li>2. [Client 2] will identify his Risperidone as small/white/round.</li> <li>3. [Client 2] will identify why he takes Risperidone (to help manage his mood).</li> <li>4. [Client 2] will mark his calendar."</li> </ol> <p>Client 2 had a "Banking and Money Management" program goal. The goal was to be run one (1) time per wcek. The goal was implemented on 7/29/2023 and had four (4) steps including:</p> <ol style="list-style-type: none"> <li>"1. [Client 2] will record the item purchased on his money ledger.</li> <li>2. [Client 2] will record the amount of money of the item purchased.</li> <li>3. [Client 2] will subtract the amount from his balance.</li> </ol>	W 249		
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4. [Client 2] will record the new balance in his ledger."

On 10/17/2023 at 7:35 AM, a medication administration was observed for Client 2, with Employee 7. Client 2 was observed to approach the window separating the unit and the kitchen. Employee 7 held up two (2) different medication boxes and requested that Client 2 pick the appropriate medication box. Client 2 chose his medication box. Employee 7 dispensed Client 2's medications into a medication cup. Client 2 was to receive escitalopram, risperidone, Vitamin D3 and aripiprazole. Employee 7 gave Client 2 the medication cup and took his medications independently.

An interview was conducted with Employee 7, who was asked if Client 2 had a medication goal. Employee 7 stated that he thought that Client 2's medication goal had to do with taking eye drops and Client 2 received his eye drop medications from the nurse.

A request was made to Employee 7 to observe the goal binder for clients who had medication goals. There was no goal listed for Client 2 in the binder. Employee 7 acknowledged that Client 2's medication goal was not ran at every opportunity.

At 9:30 AM, an interview was conducted with the Supervising Nurse, who acknowledged that Client 2's medication program was not run at every opportunity.

At 10:50 AM, an interview was conducted with Qualified Intellectual Disabilities Professional (QIDP) 3, who acknowledged that Client 2's

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medication program goal was not run at every opportunity. QIDP 3 was asked to provide data tracking sheets for Client 2's money program. QIDP 3 stated that there were no data tracking sheets for Client 2's money program and that Client 2's Person Centered Plan (PCP) was not implemented as soon as it was completed for Client 2, related to his money program.

3. Client 12 was a 21 year old male who was admitted to the facility on 1/13/2021 with diagnoses including a moderate intellectual disability.

On 10/17/2023 at 7:45 AM, a medication administration was observed for Client 12, with Employee 7. Employee 7 had the medication binder open to Client 12's medication goal sheet. The goal had four (4) steps including:

- "1. [Client 12] will come to the kitchen window for medications.
2. [Client 12] will sign pills.
3. [Client 12] will indicate he is taking Clozaril to be happy by signing happy.
4. [Client 12] will take his medications."

Client 12 approached the window and selected the appropriate medication box. Employee 7 prepared medications to be administered for Client 12. Client 12 was to receive clonazepam, clonidine, clozapine (Clozaril), omeprazole, propranolol and Vitamin D3. Employee 7 prompted Client 12 to sign "pills." Employee 7 did not ask Client 12 to indicate why he was taking Clozaril and signing happy. Employee 7 had

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Client 12 sign happy without asking why he was taking Clozaril. Client 12 then took the medications independently.

An interview was conducted with Employee 7, who was asked why he did not ask Client 12 about the medication and what it was for. Employee 7 stated that Client 12 will repeat whatever you tell him, so he didn't ask him about the medications and would only ask him to sign happy. Employee 7 acknowledged that the medication program was not run at every opportunity.

At 9:30 AM, an interview was conducted with the Supervising Nurse, who acknowledged that Client 12's medication program was not run at every opportunity.

4. Client 5, a 23 year old male, was admitted to the facility on 6/1/2023 with diagnoses which included disruptive mood dysregulation disorder, attention deficit hyperactivity disorder, bipolar I, social communication disorder, generalized anxiety disorder and autism spectrum disorder.

On 10/16/2023 at 1:30 PM, Client 5's Person Centered Plan (PCP), dated 7/1/2023, was reviewed and listed three (3) programs for Client 5.

Client 5 had a formal goals for budgeting money, using appropriate social interactions and learning to apologize.

Client 5's budgeting money program goal included six (6) steps and stated the "Data will be collected 2x per month on either AM or PM shift."

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1. [Client 5] will say how much money he spent last week.
2. [Client 5] will say how much money he will have if he spends the same amount this week.
3. [Client 5] will say how much money he will have if he spends the same amount all month.
4. [Client 5] will say how much money he made on his paycheck last month.
5. [Client 5] will add last months paycheck to his social security (\$45).
6. [Client 5] will say if his total income last month would be enough for his current spending habits."

Client 5's appropriate social interactions goal included five (5) steps and stated the "Data will be collected 3x per week or 12 x per month per month on either AM or PM shift."

1. [Client 5] will obey a request by staff or others.
2. [Client 5] will refrain from teasing, threatening or making fun of those he is communicating with.
3. [Client 5] will stay calm.
4. [Client 5] will not argue.
5. [Client 5] will disengage and remove himself from the situation."

Client 5's learning to apologize program goal included six (6) steps and stated the "Data will be collected 2x per week or 10x per month on either

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Continued From page 30 AM or PM shift."

1. Staff or [Client 5] will recognize where/when an apology is necessary.
2. [Client 5] will approach the person in a pro social manner (i.e. distance, timing, tone, tact).
3. [Client 5] will look at the other person he is speaking to.
4. [Client 5] will say the person's name along with "I apologize."
5. [Client 5] will remain calm.
6. [Client 5] will remove himself from the situation."

Client 5 had data tracking for the month of October 2023, which was marked with refusals for all three (3) of Client 5's programs.

On 10/17/2023 at 10:30 AM, an interview was conducted with Qualified Intellectual Disabilities Professional (QIDP) 3. QIDP 3 stated that they were having issues with Client 5 and that Client 5 was refusing all of their treatment attempts, including running his programs. QIDP 3 stated that there he did not get Client 5's programs out until October and that was all the data they had. QIDP 3 also stated that it was difficult to run a continuous active treatment program for Client 5, due to his non-compliance and refusals.

5. Client 13 was a 41 year old male who was admitted to the facility on 2/23/2018 with diagnoses which included a severe intellectual disability and bipolar disorder.

W 249