

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

PRINTED: 12/31/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/12/2013
NAME OF PROVIDER OR SUPPLIER TRAFFORD ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 813 WEST CENTER FAIRFIELD, IL 62837		
(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 473	Continued From page 25 tables and began eating their meal. R16 began eating and then stated, "These baked beans are cold." None of the staff present in the dining room made any type of effort to check the temperature of the baked beans. At 5:50 P.M., the surveyor entered the kitchen and requested the food temperatures for foods served for the evening meal. E5 stated that all foods had been checked and all were over 165 degrees in temperature. When E5 asked where this information was written and at what time the temperatures were taken, he stated that he wasn't sure where the cook kept the information. When the surveyor clarified that the request was for today's food temperatures, no documentation was presented to the surveyor. When the surveyor touched the pan that was sitting on the stove that the baked beans had been dished out of, the pan containing the remainder of the baked beans was cold to the touch. At 5:55 P.M. E5 was asked to check the temperature of the baked beans and he stated, "They (the baked beans) are cold."	W 473			
W9999	FINAL OBSERVATIONS Licensure Violations: 350.620a) 350.1060e)j) 350.1230b)7) 350.1230d)1) 350.3240a)b)c)d)f) Section 350.620 Resident Care Policies	W9999			

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W9999	<p>Continued From page 26</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>Section 350.1060 Training and Habilitation Services</p> <p>e) An appropriate, effective and individualized program that manages residents' behaviors shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate, properly trained and supervised staff shall be available to administer these programs.</p> <p>j) Appropriate records shall be maintained for each resident functioning in these programs. These shall show appropriateness of the program for the individual, resident's response to the program and any other pertinent observations and shall become a part of the resident's record.</p> <p>Section 350.1230 Nursing Services</p> <p>7) Modification of the resident care plan, in terms of the resident's daily needs, as needed.</p>	W9999			

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W9999	Continued From page 27 d) Direct care personnel shall be trained in, but are not limited to, the following: 1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act) c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act) d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act) f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term	W9999			

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W9999	<p>Continued From page 28</p> <p>care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure that Peer to Peer abuse is thoroughly investigated, reported and has put safeguards in place for these incidents. The facility does not document consistently in the record who the perpetrators or victim is when clients make allegations of peer to peer abuse. The facility does not have an implemented system to ensure peers are not physically or verbally abused by other peers. The identified perpetrators do not have behavior management plans nor tracking systems in place to evaluate the need for a behavior management plan for 6 individuals, (R1, R2, R4, R5, R10 and R11)</p> <p>Findings Include:</p> <p>1) Per review of the facility's Physician's Order Sheet dated 05/01/13 through 05/31/13, documentation states that R1 is a 30 year old male who functions at a Mild level of Intellectual Disabilities. Other diagnose's include Paranoid Schizophrenia.</p>	W9999			

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W9999	<p>Continued From page 29</p> <p>Upon review of R1's Individual Program Plan dated 07/19/12, R1 has an Intelligence Quotient of 65. R1's Inventory for Client and Agency Planning dated 07/01/12 states that R1 functions at an overall age of 7 years and 9 months.</p> <p>Documentation within the facility's "Behavioral Documentation" book (no date/time) states, "(R1) pushed another male client out of his room causing rug burn on male peers (Right) shoulder blade." This documentation is not signed. There is no documentation to identify who the peer was.</p> <p>During interview with E2 (Medical Team Leader) on 05/28/13 at 10:36 a.m., E2 stated that she did not know when the incident occurred or who the peer was that received the rug burn. E2 continued to say that E5 (Direct Support Person) had written the report and that she had called him but he couldn't remember who the peer was.</p> <p>During review of R1's medical chart, there is no documentation regarding the incident of R1 pushing a peer out of his room causing a rug burn.</p> <p>R1's Individual Program Plan, dated 07/19/12 documentation under the heading of Behavior Development states:</p> <p>"...Has a tendency to become argumentative with staff members..."</p> <p>"...(Needs) to mature and become more aware of others needs..."</p> <p>"Service Objectives Addressing Above Needs: None at this time."</p>	W9999			

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W9999	<p>Continued From page 30</p> <p>"Program Objectives Addressing Above Needs: Behavior Tracking for Psychotic Episodes."</p> <p>The only Behavior Intervention Plan available for R1 is for "Decreased Incidents of Psychotic Episodes."</p> <p>There is no evidence that the facility has evaluated R1 for the need for a Behavior Intervention Program for Physical Aggression.</p> <p>The facility was unable to provide evidence that an incident report had been completed, an investigation completed or that the incident had been reported to the administrator, Department of Public Health or local authorities as per the facility policy.</p> <p>On 05/28/13 at 10:50 a.m., E1 (Administrator) stated that an incident report should have been filled out but was not E1 said, "I'll write him (E5) up for that."</p> <p>2) a. Per review of the facility's Physician's Order Sheet dated 05/01/13 through 05/31/13, documentation states that R10 is a 47 year old male who functions at a Moderate level of Intellectual Disabilities.</p> <p>R10's Individual Program Plan dated 03/21/13 states that R10 has an Intelligence Quotient of 41 and an overall age equivalency of 2 years and 4 months.</p> <p>b. The facility's Physician's Order Sheet dated 05/01/13 through 05/31/13 states that R11 is an 18 year old male who functions at a Mild level of Intellectual Disabilities.</p>	W9999			

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W9999	<p>Continued From page 31</p> <p>R11's Individual Program Plan dated 04/18/13 states that R11 has an Intelligence Quotient of 50 and an overall age equivalence of 8 years and 9 months.</p> <p>During observations at the facility on 05/23/13 at approximately 3:45 p.m., R10 was observed to have a dime size bruise under his right eye. When asked what happened, R10 stated that R11 had hit him in the eye and had also hit him on top of the head with a stick. Surveyor noted a small scratch on the top of R10's head.</p> <p>Upon review of the facility's incident and accident report dated 05/19/13, at 8:10 p.m., documentation states, "(R10) was punched by male peer causing cut on (right) side of nose and scratches on (right) cheek (and) swelling above (right) eye." Documentation continues to say that the areas were cleaned and antibiotic ointment applied.</p> <p>Documentation in the facility's "Incident/Accident Follow-Up Report" dated 05/20/13 and signed by the Administrator states, "(R10) was hanging up clothes and male peer punched him." "Staff separate the 2 of them and explained to them if they were upset with each other please come and let staff handle it."</p> <p>Per review of the facility's Incident/Accident Report dated 05/19/13 at 8:10 p.m., documentation states, "(R11) was complaining of his (left hand hurt after he punched a male peer."</p> <p>During interview with E2 (Medical Team Leader) on 05/23/13 at 4:30 p.m., E2 stated that R10 and R11 had been room mates when R11 hit R10 in</p>	W9999			

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W9999	<p>Continued From page 32 the face.</p> <p>Upon review of R11's 04/18/13 Individual Program Plan, R11 is not on a Behavior Intervention Program for Physical Aggression and there is no evidence that the facility has evaluated R11 for the need of a Behavior Intervention Program for Physical Aggression.</p> <p>3) Per review of the facility's Physician's Order Sheet dated 05/01/13 through 05/31/13, R4 is a 44 year old female who functions at a Mild level of Intellectual Disabilities.</p> <p>Other diagnose's include Spina Bifida, Paraplegia, Flaccid Paraplegia Secondary to Meningomyelocele Hydrocephalus, Shunts and llioconduit.</p> <p>R4 requires a wheelchair for all ambulation.</p> <p>R4's Individual Program Plan dated 10/18/12 states that R4 has an Intelligence Quotient of 56 and an overall age equivalency of 3 years and 4 months.</p> <p>During observations at the facility on 05/23/13 at 3:55 p.m., R16 told R4 that they were going on an outing to (name of local fast food restaurant) that night. R4 stated that she was not going out to eat. R4 then told surveyor that she has been having trouble with R5. R4 stated that R5 has been hitting her, "On the butt and face." R4 continued saying, "I feel like I've got bruises all over my face - been having trouble with my blood pressure because of her (R5). I don't even look at her or anything. I've tried to get out of her way, but I just can't move as fast as other people here can." When asked how often R5 has hit her, R4 said,</p>	W9999			

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W9999	<p>Continued From page 33</p> <p>"It's an everyday thing." R4 continued to say that staff knew about R5 hitting her and "Even the (day training) bus driver knows. R4 said that R5 slapped her this morning (05/23/13) while loading the bus at the facility and staff got R5 off the bus.</p> <p>During interview on 05/23/13 at 4:30 p.m., E2 (Medical Team Leader) said, "This morning (E6) and (E7) (Direct Support Persons) told me that Z1 (Bus driver for the day training site) said that R5 hit R4. Don't know if Z1 seen R5 hit R4 or not. R4 never told me that R5 hit her. We got R5 off the bus and drove her to day training. E2 said that R5 rode the bus home with R4 this afternoon.</p> <p>On 05/23/13 at 4:30 p.m., when asked if she had completed an incident report regarding R4's allegation that R5 hit her, E2 said that she had not written a report on the incident. E2 said "I thought the driver would have written the report for us.</p> <p>E2 continued to say that she had talked to E1 (Administrator) on 05/23/13 and that she (E2) and E1 have been trying to contact the coordinator of the day training bus routes to change buses so that R4 and R5 do not ride the same bus to day training.</p> <p>Per interview with E2 on 05/23/13 at 4:30 p.m., E2 stated, "At times R4 has told us that R5 has hit her but nobody ever sees it. R4 gets confused very easily. We've ask (name of day training that R4 and R5 attends) and no one ever knows if R5 hits R4 or not." E2 continued to say that R4 has said that R5 hits her ever since E2 began work here 1 1/2 years ago.</p> <p>During interview with E1 on 05/23/13 at 5:47 p.m.,</p>	W9999			

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W9999	<p>Continued From page 34</p> <p>E1 said that she was aware of the incident this morning (05/23/13) and that she was planning on taking R5 to day training tomorrow and then get the bus schedule changed so that R4 and R5 are not on the same bus. E1 stated that no documentation has been done regarding the allegation of abuse of R4 by R5.</p> <p>Upon review of the facility's Incident/Accident Reports, "Behavioral Data" book and R4 and R5's medical chart, there is no documentation that any of R4's allegations have been recorded or followed up on.</p> <p>Per review of R5's Maladaptive Behavior Program dated 02/01/13, the only behavior intervention program that R5 is on is for picking at her skin.</p> <p>There is no evidence that the facility has documented, investigated nor put systems in place to prevent further potential abuse after R4's allegations of R5 slapping her on a daily basis.</p> <p>4) Per review of the facility's Physician's Order Sheet dated 05/01/13 through 05/31/13, R2 is a 65 year old male who functions at a Mild level of Intellectual Disabilities.</p> <p>Per review of the facility's "Behavior Documentation" dated 04/20 (no year) at 7:30 a.m., documentation states, "This (morning) (R2) began to yell (at) another resident on the way to the bus (and) while on the bus he still continued to yell (at) her. Staff talked to both residents they calmed down (and) went to workshop." Documentation is signed by E2 (Medical Team Leader).</p> <p>During interview with E2 on 05/28/13 at 10:36</p>	W9999			

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W9999	<p>Continued From page 35</p> <p>a.m., E2 stated that she did not know who R2 yelled at on 04/20. E2 continued to say that, "(R2) just gets in a mood if it gets too loud and yells at everybody." E2 stated that she did not complete an incident/accident report.</p> <p>Per interview with E1 (Administrator) on 05/28/13 at 10:50 a.m., when asked if she would have expected an incident report to be completed on the 04/20 incident, E1 said, "I don't know if I would have filled out an incident/accident report on this, he didn't injure anybody and he didn't get injured. We haven't had any complaints from the other residents. E1 continued to say that she could not identify who R2 yelled at.</p> <p>Upon review of R2's 03/21/13 Behavior Intervention Program, R2 is on a Behavior Program for displaying appropriate behavior only at work.</p> <p>Documentation within R2's Behavior Intervention Program states, "(R2) will always display appropriate work behavior while attending (name of day training center)." "There are times when (R2) gets upset. He may yell, curse, call people inappropriate name and use inappropriate gestures..."</p> <p>There is no evidence that the facility has a Behavior Intervention Program for Verbal Aggression other than while at workshop and no evidence that R2 has been evaluated for the need of a Verbal Aggression program at the facility.</p> <p>The facility's policy regarding Incident Reporting for Peer to Peer Aggression (no date) states:</p>	W9999			

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W9999	<p>Continued From page 36</p> <p>"A. Complete incident/accident report (by staff present or discovering incident).</p> <ol style="list-style-type: none"> 1. Assess if resident is in need of medical attention. 2. If medical attention is needed, monitor until resolved using change of health status record..." ...4. Report to be reviewed by supervisor. 5. Report to be reviewed by (Registered Nurse) Consultant. 6. Report reviewed by Safety Committee at next scheduled meeting." <p>The facility's policy regarding Alleged Cases of Abuse (no date) states:</p> <p>"A. Report immediately to supervisor or (Residential Services Supervisor)</p> <ol style="list-style-type: none"> 1. Report to appropriate legal authority as directed by administrator if required (sheriff or police department) 2. Report to Department of Public Health or Office of Inspector General as required per facility standards 3. Conduct investigation as required and complete Abuse Reporting Forms <p>B. Report immediately to Administrator.</p> <ol style="list-style-type: none"> 1. Complete investigation as required 2. Take necessary steps to protect alleged victim in accordance with policies and procedures..." <p>There is no evidence that systems were put in place after peer to peer altercations to prevent further episodes.</p> <p>(B)</p>	W9999			

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W9999	<p>Continued From page 37</p> <p>350.620a) 350.690a) 350.690b)1)2) 350.690c)1)2)3) 350.690d) 350.690e) 350.1210 350.3240a)</p> <p>Section 350.620 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>Section 350.690 Disaster Preparedness</p> <p>a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility.</p>	W9999			

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W9999	<p>Continued From page 38</p> <p>b) Each facility shall have policies covering disaster preparedness, including a written plan for staff, residents and others to follow. The plan shall include, but not be limited to, the following:</p> <p>1) Proper instruction in the use of fire extinguishers for all personnel employed on the premises;</p> <p>2) A diagram of the evacuation route, which shall be posted and made familiar to all personnel employed on the premises;</p> <p>c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to:</p> <p>1) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and</p> <p>3) Evaluate the effectiveness of disaster plans and procedures.</p> <p>d) Fire drills shall include simulation of the evacuation of residents to safe areas during at least one drill each year on each shift.</p> <p>e) The facility shall provide for the evacuation of physically handicapped persons, including those who are hearing or sight impaired.</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health.</p>	W9999			

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W9999	<p>Continued From page 39 Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interviews and record review the facility failed to implement their night shift fire/evacuation drills without the assistance of clients who live at this facility for 5 individuals in the facility who require the use of wheelchairs for mobility (R2, R3, R4, R6 and R9) and has the potential to affect 11 additional residents in the facility (R1, R5, R7, R8, R10, R11, R12, R13, R14, R15 and R16).</p> <p>Findings Include:</p> <p>During observations on 05/23/13 at 3:15 p.m., when the residents returned home from the local day training's site, surveyor noted R2, R3, R4, R6 and R9 utilizing wheelchairs and staff assistance for ambulation.</p> <p>The facility's Physician's Order Sheets dated 05/01/13 through 05/31/13 state:</p> <p>R2 - A 65 year old male who functions at a Mild level of Intellectual Disabilities. Diagnose's include Cardiovascular Accident with right sided</p>	W9999			

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W9999	<p>Continued From page 40 Hemiplegia and Seizures.</p> <p>R3 - A 77 year old female who functions at a Severe level of Intellectual Disabilities.</p> <p>R4 - A 44 year old female who functions at a Mild level of Intellectual Disabilities. Diagnose's include Spina Bifida, Paraplegia, Flaccid Paraplegia secondary to Meningomyelocele Hydrocephalus; Shunts and Ilioconduit.</p> <p>R6 - A 45 year old female who functions at a Profound level of Intellectual Disabilities.</p> <p>R9 - A 66 year old female who functions at a Moderate level of Intellectual Disabilities. Diagnose's include Congenital Pelvis/Hipp Deformity and Cerebrovascular Accident.</p> <p>During review of the facility's fire drills, surveyor noted that there was only 1 staff person scheduled to work on the midnight shift during fire drills on 09/28/12 and 12/04/12.</p> <p>During interview with E3 (Cook/Direct Support Person) on 05/24/13 at 9:40 a.m., E3 said that she conducts all of the facility's fire/evacuation drills. E3 said that she does not assist with the actual evacuation, that she pulls the alarm, yells for the residents to get up, observes the evacuation and times the drills. E3 stated that R2, R3, R4, R6 and R9 require the use of a wheelchair for ambulation. E3 also said that R3 and R9 require total staff assistance to be transferred into their wheelchairs and that R4 requires a 2 person lift to assist her into her wheelchair, but that R4 has a specialized bed that is wheeled directly out of the facility. E3 also said that she comes into the facility and conducts the</p>	W9999			

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W9999	<p>Continued From page 41</p> <p>night fire drills, but in case of an actual fire during the night, she would not be at the facility.</p> <p>On 05/24/13 at 9:40 a.m., when asked how 1 staff can assist all the residents requiring wheelchairs during the evacuation drills, E3 stated, "We use the buddy system." "We always tell them to look for their room mate." E3 said that during a drill, all the residents that can ambulate go outside and that the direct care staff assists the residents using wheelchairs into their wheelchairs and push them to the center of the building where ambulatory residents push them outside. E3 continued to say, "If we need the residents, we will yell and they will assist." "(R16) assists with (R6)." "(R16) will come back to see if we need any help." "R1 will assist." "(R11) helps (R7, R8 and R10)."</p> <p>During interview with E3 (Cook/Direct Support Person) on 05/24/13 at 9:40 a.m., E3 said that she stays inside the facility during the evacuation drill and that there were no staff monitoring the residents when they evacuated outside. E3 stated that while outside, R1 watches them and would prevent any resident from leaving the area or wandering off.</p> <p>Per interview with E2 (Medical Team Leader) on 05/24/13 at 10:05 a.m., E2 stated that R15 would probably require supervision during evacuation drills to ensure that he did not wander off. E2 continued to say that R14 (R15's) room mate goes out with R15 and stays with him during evacuation drills. When asked how the facility could ensure the safety of the residents during an evacuation drill while the residents are outside without staff supervision, E2 stated, "We've never had a problem of wandering off or aggression. If</p>	W9999			

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W9999	<p>Continued From page 42 someone started to wander off, a resident would grab them and tell them to stay here."</p> <p>During review of the facility's behavioral documentation and incident/accident reports, (dated 12/29/12, 05/19/13 and 05/23/13 documentation shows that R1, R5 and R11 have displayed physical aggression towards their peers.</p> <p>Per review of the facility's "Individualized Evacuation Plan" (no date), documentation states, "In case of a scheduled fire drill, staff will follow the following procedures:"</p> <p>"...Go to (R2) first and assist him in his wheelchair if he isn't already, give him instructions to propel himself outside. Go to (R6), (R9) and (R3) and assist them into their wheelchairs. Push the person in their wheelchair into hall for a buddy to help assist them outside if needed."</p> <p>"Go to (R4) and push her outside in her bed if she is in the bed; otherwise, push her wheelchair outside."</p> <p>"The remaining residents (R12, R1, R5, R13, R14, (former resident), R7, R10, R16 and R8) will exit on their own while listening to your directions (i.e. "Hurry, go outside to the flagpole")..."</p> <p>During review of the facility's policy regarding "Evacuation of Residents with Physical Disabilities" (no date) documentation states, "Evacuation drills shall include the actual evacuation of residents to the exterior of the facility at least quarterly (at least once per shift). There shall be special provisions for the</p>	W9999			

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W9999	<p>Continued From page 43</p> <p>evacuation of the physically and sensory handicapped." "According to policy, the administrator or designee shall provide for actual evacuation according to the following procedures, providing documentation of such, investigating any problem incidents and the necessary corrective measures to be taken:"</p> <p>Documentation continues to say, "...Evacuation of ambulatory residents shall begin first walking in an orderly manner through the designated exit to a safe distance on the facility's exterior; non-ambulatory residents may obstruct passageways and create hazards for the smooth evacuation of residents." "If residents are in their wheelchair, staff will push/pull two persons at a time to a safe distance outside the closest clear exit. Residents that are out of their chair will be placed back into their wheelchair (or on a blanket/mat if the chair is not easily accessible). Staff will work in teams, one assisting the resident to his/her chair; the second staff person moving two residents to a safe area of the building or outside to the designated area. Residents that can propel their own chair will be assisted if they cannot evacuate quickly or obstruct the evacuation of others..." "...Employees should stay with residents at the evacuation area to calm and reassure them..."</p> <p>Per interview with E1, (Administrator) on 05/23/13 at 4:10 p.m., E1 stated that there is always only 1 staff person scheduled for the midnight shift.</p> <p>The facility failed to conduct evacuation drills as per their policy as their policy states 2 staff will be utilized during evacuation drills and there is only one staff available on the midnight shift.</p>	W9999			

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