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{W 441}	Continued From page 86 and individuals the opportunity for training in the event of an actual emergency. Upon review of the facility's "List of Consumer Ambulation Aids" (no date), documentation states that: 11 individuals require the use of a wheelchair and the assistance of 2 staff for evacuation. (R1, R5, R6, R7, R10, R12, R18, R19, R25, R26 and R29). 6 individuals require the use of a wheelchair and the assistance of 1 staff for evacuation. (R9, R14, R17, R20, R23 and R27). 2 individuals require the use of a gait belt and the assistance of 2 staff for evacuation. (R15 and R24). 8 individuals require the use of a gait belt and the assistance of 1 staff for evacuation. (R2, R4, R11, R13, R16, R21, R22 and R28). During interview with E3 (Activity Director) on 08/28/13 at 10:40 a.m., E3 stated that she is responsible for conducting the evacuation drills. E3 also stated that she has not conducted an evacuation drill between the hours of 4:00 p.m. and 3:15 a.m. since the 07/18/13 survey in which this was cited.	{W 441}		
W9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS; 350.620a)	W9999		

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W9999	Continued From page 87 350.1060a) 350.1060e) 350.1060f) 350.1060j) 350.1080a) 350.1082a)1)2)3)4) 350.1082b) 350.1082c) 350.1082d) 350.1082h) 350.1082i) 350.1210 350.3240a)	W9999		

Section 350.620 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.

Section 350.1060 Training and Habilitation Services

a) The facility shall provide training and habilitation services to facilitate the intellectual, sensorimotor, and effective development of each resident in the facility.

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W9999	Continued From page 88 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. f) There shall be a functional training and habilitation record for each resident, maintained by and available to the training and habilitation staff. 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. Section 350.1080 Restraints a) The facility shall have written policies controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on	W9999		

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W9999	Continued From page 89 clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part. Section 350.1082 Nonemergency Use of Physical Restraints a) Physical restraints shall only be used when required to treat the resident's medical symptoms or as a therapeutic intervention, as ordered by a physician, and based on: 1) the assessment of the resident's capabilities and an evaluation and trial of less restrictive alternatives that could prove effective; 2) the assessment of a specific physical condition or medical treatment that requires the use of physical restraints, and how the use of physical restraints will assist the resident in reaching his or her highest practicable physical, mental or psychosocial well being; 3) consultation with appropriate health professionals, such as rehabilitative nurses and occupational or physical therapists, which indicates that the use of less restrictive measures or therapeutic interventions has proven ineffective; and 4) demonstration by the care planning process that using a physical restraint as a therapeutic intervention will promote the care and services necessary for the resident to attain or maintain the highest practicable physical, mental or psychosocial well being. (Section 2-106(c) of the Act)	W9999		

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W9999	Continued From page 90 b) A physical restraint may be used only with the informed consent of the resident, the resident's guardian, or other authorized representative. (Section 2-106(c) of the Act) Informed consent includes information about potential negative outcomes of physical restraint use, including incontinence, decreased range of motion, decreased ability to ambulate, symptoms of withdrawal or depression, or reduced social contact. c) The informed consent may authorize the use of a physical restraint only for a specified period of time. The effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident shall be assessed by the facility throughout the period of time the restraint is used. d) After 50 percent of the period of physical restraint use authorized by the informed consent has expired, but not less than five days before it has expired, information about the actual effectiveness of the physical restraint in treating the resident's medical symptoms or as a therapeutic intervention and about any actual negative impact on the resident shall be given to the resident, resident's guardian, or other authorized representative before the facility secures an informed consent for an additional period of time. Information about the effectiveness of the physical restraint program and about any negative impact on the resident shall be provided in writing. h) The plan of care shall contain a schedule or plan of rehabilitative/habilitative training to enable the most feasible progressive removal of physical restraints or the most practicable progressive use of less restrictive means to enable the resident to attain or maintain the highest practicable physical, mental or psychosocial well-being.	W9999		

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W9999	Continued From page 91 i) A resident wearing a physical restraint shall have it released for a few minutes at least once every two hours, or more often if necessary. During these times, residents shall be assisted with ambulation, as their condition permits, and provided a change in position, skin care and nursing care, as appropriate. Section 350.1210 Health Service The facility shall provide all services necessary to maintain each resident in good physical health. 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) These Regulations were not met as evidenced by: Based on observation, interview, and record review, the facility has failed to make substantial progress since the survey of 07/14/13 to ensure that specific client behavior and facility practice requirements are met, affecting 10 individuals (R1, R5, R6, R7, R8, R9, R11, R12, R13 and R14) who are identified by the facility as requiring restrictive techniques for the management of	W9999		

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W9999	Continued From page 92 behaviors as evidenced by their failure to ensure that: 1) Demonstrate that the use of less intrusive programming techniques, or that positive techniques have been systematically tried and shown to be ineffective, prior to the use of more restrictive techniques for 10 individuals identified by the facility as requiring restraints and/or other restrictive techniques; 2) Ensure that techniques to manage maladaptive behaviors requiring the use of restrictive techniques to manage these behaviors are never used as a substitute for active treatment and that mechanisms are in place and are being used to teach more appropriate behaviors prior to the utilization of more restrictive procedures; 3) Ensure that physical restraint s are only employed as an integral part of the individual plan and that the physical restraint is used only in response to a specific type and/or severity of a behavior and only for the time specified within the individual's program plan; and 4) Maintain documentation to identify that specific behavioral intervention requirements are present prior to the application of restrictive techniques and that: a) there is documentation which confirms that individuals placed in restraints are checked every thirty minutes when restrictive techniques are applied, b) released from the restraints as quickly as possible when calm or no longer a threat to himself or others, c) a record of these checks and usage is maintained by the facility; d) opportunity for motion and exercise is provided every two hours for at least ten minutes for individuals placed in restraints; and e) that a record of this activity is maintained by the facility.	W9999		

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W9999	Continued From page 93 Findings include: During the survey of 07/18/13, interviews were completed with E2 (Qualified Intellectual Disability Professional-QIDP) and with E1 (Administrator) on 06/14/13 regarding the use of R1's mitt. When E2 was interviewed on this date at 11:30 A.M. she stated that R1's mitt was used to address him, "biting his hand". During the Daily Status Meeting on 06/14/13, E1 (Administrator) stated that R1's mitt is being used as a medical immobilizer to prevent him from picking at his dressing on his arm. E1 also stated that she was unaware of a plan that identifies less restrictive measures such as a long sleeve shirt that could or would be used prior to implementing the mitt when R1 is picking at his left arm. R1 was observed on 08/29/13 at 3:15 P.M. sitting in his wheelchair in the dining room area of the facility. R1 wore a long sleeve shirt and overalls. A large cloth, padded mitt was noted sitting on the table directly in front of him. R1 was moaning loudly and refusing to participate as E4 (Direct Support Person/DSP) attempted to get him to color in a book. R1 was noted to continually put his right hand to his left shoulder/neck area and fingered this area. E4 verbally prompted and physically redirected R1 to put his hand down and color in the book. R1 again began to moaning loudly and placing his right hand to his left shoulder neck area and E4 continued to redirect him to color in the book.	W9999		

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W9999	Continued From page 94 E4 (DSP) was interviewed at 3:30 P.M. and stated that the mitt sitting on the table was R1's when asked by the surveyor. She stated, "The mitt is R1's. We place it on his right hand for picking at the area on his left chest area." When E4 was asked when R1's mitt is placed on is hand, she stated, "I try to keep it off for at least two hours or so. I get him to do an activity and lotion his hands. After that, I put his mitt back on him for about 2 hours." During this interview, E4 did not articulate that the application of R1's mitt is contingent on his demonstrated behavior of picking at his port area Review of the Physician's Order sheet dated August 1, 2013, R1's order to wear his mitt to his right hand related to self injurious behaviors was discontinued on 08/22/13. Another order was written on this date which stated, "08/22/13 May utilize mitt to R (right) hand medically necessary to prevent consumer from scratching or tugging and possibly dislodging port (L) (left) chest. Remove mitt q (every) 2 hours x 15 minutes with 1 on 1." E5 (Director of Nursing/DON) was interviewed on 08/29/13 at 2:05 P.M. regarding whether are not R1's mitts are being used for an active medical condition. E5 stated, "R1 will pull out his port (central venous line access) if he doesn't wear the mitt. I called and had the order written as a medical necessity." When E5 was asked if R1 had a current medical condition such as staples or an open area around his central venous line, she stated, "No". When E5 was informed that since there was no active medical condition, the mitt is considered a restraint, she stated, "I'm not going to take them off of him. If he pulls that line	W9999		

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W9999	Continued From page 95 out he will bleed to death." Review of the current behavior plan dated August 2013 (no specific day noted) which is contained within the staff's program book, R1 is on program to reduce depression, aggression and attempts of aggression. No methods are contained within this program identifying any type of self injurious behaviors, nor the need for him to wear a mitt to his right hand. R1's Medical Service Objectives dated 07/10/13 identifies that an entry for 08/29/13 was made by E5 (DON) stating, "Use new restraint form to document removal of mitts - check q (every) 30 min. (minutes) to assure they are not to (too) tight and are proper in fit." No restraint release record was found within the program book for R1 the month of August 2013. No documents were located within the program book which would identify that a record is now being maintained by the facility (since the survey of 07/18/13) showing that less restrictive measures have been attempted by staff and that these attempts are documented by staff. R1's record does not reflect that prior to the application of the cloth, padded mitt to R1's right hand that staff have documented that attempts at less restrictive measures have been unsuccessful. Further review of the staff's program book did not identify that a restraint release record is being maintained by the facility for the month of August 2013. There is no documentation identifying that mechanisms are in place and are being used to teach more appropriate behaviors prior to the application of R1's mitt to his right hand.	W9999		

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R6 was observed on 08/29/13 at 4:00 P.M. sitting in his wheelchair in his cluster room wearing cloth, padded mitts to both of his hands. R6 was not engaged in any type of behavior warranting the use of the mitts nor was he provided with an activity during this observation.

R6's BDP (Behavior Development Plan) dated 01/09/13 states, "... staff will interact with R6 for 15 minutes every hour when his mitts are removed. If R6 refuses to participate by biting his hand/slapping his face, staff should provide verbal and physical prompts for him .... therefore hand over hand should be utilized if necessary for compliance with a hands-on task... Staff should continue to redirect R6 even when he has the mitt on... A protective mitt will be used to guard against skin breakdown on his hand and face. The mitt covers his hand but does not restrict movement of his arms. It will be removed for 15 minutes for each 2 hour period... The release of R6's mitt will be documented on the Restraint Record Release Sheet".

Further review of R6's BDP does not identify that methods are included within this plan which bases the application of his mitts on a demonstrated behavior. It is also noted that the methods within this plan do not identify what less restrictive measures are to be attempted by staff prior to the application of R6's bilateral, cloth, padded mitts.

Review of the Service Goal documentation sheet for August 2013 identifies that at two hour intervals, from 7:00 A.M. through 7:00 P.M. R6 is offered toileting, (urinal) fluids and alternate positioning in wheelchair, bed every hour and

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relief from mitts and palm protectors every hour. This documentation sheet does not have an area which identifies that less restrictive measures are attempted by staff, and that these measures are ineffective, prior to the application of the padded mitts to both R6's right and left hand. It is also noted that this documentation sheet is the same form that was used by the facility during the survey of 07/18/13 without modification. R6's BDP does not identify that his mitts are to be used only in response to a specific type and/or severity of his behavior.

No specific time limits or specifications are contained within R6's BDP limiting the use of his mitt application within a twenty four hour period

Review of the behavior programs provided by the facility on 08/29/13 identifies that R5 has a similar plan to R6 which indicates that the mitts which are placed on both of their hands are worn continually with the exception of release. These plans doe not identify what less restrictive measures must be attempted prior to the application of his (R5's) mitts or that mechanisms are in place and are being used to teach more appropriate behaviors prior to the application of R5's mitts.

R5's BDP dated 04/10/13 identifies that he is to wear protective mitts and sleeve protectors due to his self injurious behaviors of hitting himself in the face, legs, wrist and arms. This plan states, "The mitts are to be worn at all times. They will be removed for 15 minutes every 2 hours." Further review of this plan does not identify when the sleeve protectors are to be applied contingent on a specific behavior, nor if only the mitts are to be applied contingent on a specific demonstrated

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behavior. No step by step procedures are identified within this plan identifying: what behaviors are to be demonstrated prior to the application of the mitts and/or sleeve protectors; that less restrictive measures are attempted by staff prior to application of either of the restraints ; and that these measures are ineffective, prior to the application of the padded mitts and/or the sleeve protectors to both R5's hands and arms.

Review of the program book for R5 did not identify that a restraint record is being maintained by the facility to determine that his mitts and protective sleeves are only used in response to the severity of his self injurious behaviors. No time frames are specified to identify the application and/or release of this restraint for the month of August 2013.

Review of the BDP dated 03/13/13 contained within staff's program book identifies that R14 has a plan for self injurious behaviors (SIB) defined as, "... any time R14 exhibits hitting herself in the head (chin area) or scratches herself. This behavior also includes yelling and screaming while doing any combination of the preceding... some of this behavior is believed to be self-stimulatory in nature."

R14's BDP identifies that R14 has an abdominal binder that is to be worn at all times as a medical necessity to prevent R14 from pulling at her G-tube. The binder is to be released every two hours for fifteen minutes and the plan states that, "If at any time consumer starts to engage in a behaviors such as attempting to pull at her G-tube immediate attention must be given by her

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assigned 1:1. Redirection techniques should begin with verbal prompts and can escalate into physical prompts. the most restrictive technique for example reapplying her binder must be used last and the appropriate behavior note data sheet must be completed." This plan also states that staff are to utilize a soft mitt to R14's right hand when her behavior program is unsuccessful and consumer becomes a threat to herself (SIB).

During the interview with E1 (Administrator) on 08/29/13, E1 stated that the mitts are to be used when R14's binder is removed. E6 (DSP) stated on 08/29/13 that R14's mitts are not applied when her binder is off but rather when she engages in self injurious behaviors of hitting herself in the face. Further review of R14's BDP does not identify a clear delineation as to when the mitts are to be used as based on interview with E1 and/or E6. No step by step procedures are included within R14's BDP as to when the abdominal binder is to be used contingent on her behaviors and/or when the mitts are to be applied to her hands contingent on the removal of the binder.

Under the section marked, "Adaptive Program" it is noted that, "The use of protective mitts will be used to guard against scratching and bruising... The mitts are to be worn when SIB is present. They will be removed for 15 minutes every 2 hours..."

E1 (Administrator) was interviewed on 08/29/13 at 2:05 P.M. regarding R14's behavior plan involving her binder and the use of the protective mitts. E1 stated, "R14's program has been revised to include the binder." When asked when is the binder to be placed on R14, E1 stated,

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"R14 wears the binder at all times because she constantly pulls at her G-tube. The mitts are used while she is on 1:1 staff supervision. Staff are to use the mitts when the binder is off. The mitts are less restrictive than holding her hand and restraining her hands for fifteen minutes while the binder is off. "

R14 was observed sitting in her wheelchair in the front cluster room and the dining room area of the facility on 08/29/13 from 3:00 P.M. - 3:30 P.M. R14 was not observed to engage in any type of behavior during this observation. E6 (DSP) was present in the cluster room and confirmed that R14 was wearing an abdominal binder and stated, "R14 always wears a binder to cover her G (gastrointestinal) tube to keep her from pulling at it." When E6 was asked if R14 still requires mitts when her binder is off or for her self injurious behaviors, she stated, "She (R14) hits herself in the face and when she does this we put mitts on her hands."

In review of the data collection sheets contained within the program book for the month of August 2013 for R14, no restraint and/or release records were located for either R14's abdominal binder and/or her protective mitts. There is no restraint release record, nor documentation within the program book reflecting what behaviors R14 must demonstrate prior to the application of the abdominal binder and or the mitts to her hands. There is no documentation to identify when staff applied her binder and/or if the mitts were used during the month of August 2013 with the exception of the four hour block of documentation for 08/07/13. Interview with E6 (DSP) on 08/29/13 confirms that R14 wears her abdominal binder at all times to keep her from pulling at her

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W9999	Continued From page 101 G-tube and the facility currently does not maintain a restraint release record . There is no restraint release record and/or documentation to show that prior to the application of the binder and/or the padded mitt(s) to R1's right hand (or hands) that staff have documented that attempts at less restrictive measures have been attempted and proven to be ineffective. Further review of R14's BDP does not identify a clear delineation as to when the mitts are to be used as based on interview with E1 and/or E6. No step by step procedures are included within R14's BDP as to when the abdominal binder is to be used contingent on her behaviors and/or when the mitts are to be applied to her hands contingent on the removal of the binder. This plan does not identify that the abdominal binder and/or the mitts are only used in response to a specific type and/or severity of her self injurious behavior. In review of the data collection sheets contained within the program book for the month of August 2013 for R14, no restraint and/or release records were located for either R14's abdominal binder and/or her protective mitts to determine that these restraints have been used only in response to the severity of her self injurious behaviors. No time frames are specified to identify the application and/or release of these restraints for the month of August 2013. Review of R7's behavior plan submitted by the facility on 08/29/13 identifies that he has a	W9999		

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program similar to R14's program for utilizing soft mitts to both hands as a medical necessity. R7's BDP dated 10/10/12 identifies that he is to wear protective mitts due to his self injurious behaviors of biting his hand and/or slapping himself in the face while yelling or making grunting - type noises. An area within the plan states that the soft mitts are, "MEDICALLY NECESSARY - to prevent pulling colostomy bag off and digging at stoma. DSP staff must release soft mitts every 2 hours for a 15 minute interval." Further review of this plan does not identify that less restrictive measures are to be attempted prior to the use of the mitt for the behaviors of R7 pulling at his colostomy bag or digging at his stoma site. There is no indication within this plan that a binder is used first prior to the implementation of the mitts to both of his hands. There is no indication within this plan that the mitts are applied contingent on a demonstrated behavior but rather on behaviors that he may demonstrate (i.e. to prevent pulling colostomy bag off and digging at stoma).

R7's Service Goals sheet for August 2013 identifies that he is to be, "... offered toileting, fluids and relief from his protective mitts for 15 minutes every 2 hours during waking hours...". This sheet does not identify that prior to the application of the padded mitts to both of R7's hands that staff have documented: what behaviors are being demonstrated to warrant the application of the mitts; that less restrictive measures are attempted by staff prior to application; and that these measures are ineffective to stop the behavior prior to the application of the mitts to both of R7's hands. The facility does not have documentation showing that mechanisms are in place and are being used to teach more appropriate behaviors

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W9999	Continued From page 103 prior to the application of R7's mitts. R7's BDP does not identify that his mitts are to be used only in response to a specific type and/or severity of his behavior. No specific time limits or specifications are contained within R7's BDP limiting the use of R7's mitts in a twenty four hour period. R8 was observed in the dining area of the facility on 08/28/13 from 3:00 P.M. - 3:30 P.M. sitting in a child sized rocker. R8 was sitting next to R1 and was holding a plastic, hammer which almost looked like a real hammer in his hand. R8 was was not observed to demonstrate any maladaptive behaviors towards himself or others during this observation. The BDP dated 05/08/13 identifies that R8 has self injurious behaviors of hitting his head against the wall or hitting himself in the head. This plan also states that R8 is physically aggressive and will attempt to strike another person with any object or any part of his body. Under the Adaptive program section of this plan it states, "If R8 is observed exhibiting SIB, staff should place his helmet and mitts on him and use the Child CPI (Crisis Prevention Institute) method only if necessary. At the end of each minute, staff should ad him if he is ready to calm down and stop hitting his head; if he indicates yes. staff should release the hold and remove his helmet; if not. staff should continue the hold to protect R8 from himself... If at any time he begins to hit himself or others again, repeat the procedure, He is 1:1 anytime his helmet and/or mitts are necessary... May use soft helmet, mitts and knee pads PRN (as needed) when behavioral program	W9999		

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is unsuccessful and consumer becomes a threat to himself. DSP must release all equipment every 2 hours for a time frame of 15 minutes. New restraint form must be filled out." This plan is not noted to move from less restrictive to most restrictive procedures as based on the stated methods. This plan does not specifically state what behaviors R8 must demonstrate when Child CPI is to be used if R1 is wearing his helmet to his head and mitts to both of his hands. No documentation is noted within this plan to identify that R8's behaviors are physically blocked by staff prior to the implementation of mechanical or physical restraints.

E1 (Administrator) was interviewed on 08/29/13 at 3:40 P.M. regarding R8's BDP and the use of the Child CPI being the bear hug and she stated, "Staff are to use the Child CPI method only if necessary due to his size." When E1 was asked how the behavior plan moves from less restrictive to most restrictive when staff are applying a helmet to R8's head and placing mitts to both of his hands and them placing him in a bear hug/restraint hold, she stated, "We're just going to dc (discontinue) the Child CPI because its not been used in a while."

R8's BDP does not identify that his soft element, mitts, knee pads and/or the child CPI hold are to be used only in response to a specific type and/or severity of his behavior. No specific time limits or specifications are contained within R8's BDP limiting the use of any of his restrictive procedures within a 24 hour period.

Review of the program book for R8 identifies that no restraint release record is maintained by the

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facility for August 2013 to determine that his helmet, mitts, knee pads and/or the child CPI hold have been used only in response to the severity of his self injurious behaviors. No time frames are specified to identify the application and/or release of these restraints for the month of August 2013.

R8's SIB Goal documentation sheet for August 2013 identifies that R8 has had:

1 incident of self injurious behavior on 08/02, 08/19 in the AM and 08/03, 08/16 and 08/24/13 in the PM;

2 incidents of self injurious behaviors on 08/01, 08/04, 08/07, 08/08, 08/13, 08/14, 08/15, 08/16, 0817, 08/18, 08/20, 08/21, 08/22, 08/23, 08/24 and 08/27 in the AM and on 08/01, 08/02, 08/04, 08/12, 08/13, 08/14, 08/15, 08/17, 08/18, 08/20, 08/21, 08/22 and 08/23/13 in the PM;

3 incidents of self injurious behaviors on 08/03, 08/06, 08/09, 08/10, 08/11, 08/12, 08/25 and 08/26 in the AM and on 08/06, 08/08, 08/09, 08/10, 08/11, 08/19 and 08/26/13 in the PM;

4 incidents of self injurious behaviors on 08/05 in the AM and on 08/07/13 in the PM;

5 incidents of self injurious behaviors on 08/27/13 in the PM; and

8 incidents of self injurious behaviors on 08/05/13 in the PM.

Review of the restraint release sheets for the month of August 2013 submitted by the facility on 08/29/13, R8's restraint release sheet identifies

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that this form is specific for, "mitt release" only. This form is also blank and devoid of any entries for the month of August, 2013 even though R8's goal documentation sheet identifies that he has had incidents of self injurious behaviors daily during the month. This restraint release form does not identify that staff utilized R8's restrictive techniques as per his BDP to assure that R8 was necessarily restrained contingent on an identified behavior. No other restraint release records were provided by the facility for R8's helmet, his knee pads and for the child CPI-bear hold technique as identified per his BDP which are to be utilized to address his self injurious and aggressive behaviors to himself and towards others. The facility does not have documentation showing that mechanisms are in place and are being used to teach more appropriate behaviors prior to the application of R8's helmet, knee pads, or the child CPI hold.

R12's BDP dated 04/10/13 identifies that he has self injurious behaviors (SIB) of pressing on his larynx with his hand. This plan states that R12 has orders for protective-sleeves PRN, wrist bands and the application of soft mitts to his hands and that staff may utilize these restrictive techniques if R12 becomes a threat to himself. There is no step by step approach included within this plan as to what warrants the application of the wrist bands, protective sleeves and/or the mitts as contingent on R12's demonstrated behaviors.

R12's Goal sheet for August 2013 for SIB which was located in the program book identifies that he has had:

1 incident of self injurious behavior on 08/11 in

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W9999	Continued From page 107 the AM.; 2 incidents of self injurious behaviors on 08/02, 08/03, 08/14, 08/23 in the AM and on 08/03, 08/06, 08/10, 08/12 and 08/14/13 in the PM; 3 incidents of self injurious behaviors on 08/01, 08/04, 08/08, 08/12, 08/24, 08/25 and 08/26 in the AM. and on 08/01, 08/08 and 08/20/13 in the PM; 4 incidents of self injurious behaviors on 08/13/13 in the PM.; 5 incidents of self injurious behaviors on 08/11 in the AM. and on 08/07 in the PM.; 6 incidents of self injurious behaviors on 08/05 in the AM and on 08/05 in the PM.; 8 incidents of self injurious behaviors on 08/06 in the AM and on 08/09/13 in the PM.; and 10 incidents of self injurious behaviors on 08/10/13 in the AM. R12's program book identifies that he has a Goal Sheet for toileting and repositioning every two hours, but neither his wrist bands, protective-sleeves or his mitts are included within this documentation. During the interview with E1 on 08/29/13 at 3:45 P.M., she confirmed that R12's new restraint release record for the month of August 2013 is blank. Per review, the facility does not have reproducible evidence showing that staff have attempted less restrictive measures prior to the application of the wrist bands, protective-sleeves and/or the mitts and that these restrictive techniques where applied as	W9999		

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contingent on R12's demonstrated self injurious behavior. The facility does not have documentation showing that mechanisms are in place and are being used to teach more appropriate behaviors prior to the application of R12's wrist bands, protective sleeves or his mitts.

R12's BDP does not identify that his wrist bands, protective sleeves and/or mitts are to be used only in response to a specific type and/or severity of his behavior. No specific time limits are specifications are contained within R6's BDP for any of these restrictive techniques.

Additional examples are available for R5, R9, R9, R11 and R13 whose behavior development plans and/or restraint release records for the month of August 2013 does not identify that mechanisms are in place and are being used to teach more appropriate behaviors prior to the application of the restraint technique(s):

a) R9's BDP dated 06/12/13 identifies that she has self injurious behaviors of biting the back of her arm or wrist. This plan states that staff, "May utilize *e*i sleeves bilateral if behavior program is unsuccessful and when R9 becomes a threat to herself.

Review of R9's Goal sheet for SIB for August 2013 which was located in the program book identifies that she demonstrated self injurious behaviors on a daily basis during the AM and/or PM hours. Further review of the program book did not identify that a restraint record is being maintained by the facility to determine that mechanisms to teach more appropriate behaviors are being used prior to the utilization of R9's protective sleeves. No time frames are specified

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W9999	Continued From page 109 to identify application and/or release of her restraint for the month of August 2013. b) R11's BDP dated 07/10/13 identifies that he has behaviors of physical aggression defined as attempting to or succeeding in hitting, grabbing, slapping, scratching or pinching an object or another resident or staff. This plan also identifies that soft mitts are to be used on both hands PRN and/or when the behavioral plan is unsuccessful and he becomes a threat to himself. It it written within this plan that staff, "... must release soft mitts every two hours for a 15 minute interval. DSP staff will need to fill out a new form to document restraint time and procedures." Per review of the program book for R11, no restraint release record is contained within this book for the month of August, 2013. Interview with E1 on 08/29/13 at 3:45 P.M., confirmed that R11's restraint release record for the month of August 2013 is blank. Per review, the facility does not have reproducible evidence to show that less restrictive measures are being attempted by staff and that R11's mitts are only used as a last resort to address his behavior. The facility does not have documentation showing that mechanisms are in place and are being used to teach more appropriate behaviors prior to the utilization of R11's mitts; and c) R13's BDP dated 06/12/13 identifies that she has self injurious behaviors of hitting her chin with her knuckles when screaming. This plan states that after less restrictive measures are attempted, staff may apply mitts to both of R13's hands if she continues to exhibit SIB.	W9999		

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W9999	Continued From page 110 Per review of the program book for R13, no restraint release record is contained with the book for the month of August, 2013. No documentation is present to show that that mechanisms are in place and are being used to teach more appropriate behaviors prior to the utilization of R13's mitts. No documentation is present to show that that a restraint record is being maintained by the facility to determine that R13's mitts are only used in response to the severity of her self injurious behaviors. No time frames are specified to identify application and/or release of this restraint for the month of August, 2013. Interview with E1 on 08/29/13 at 3:45 P.M., confirmed that R13's restraint release record for the month of August 2013 is blank. During the interview with E2 (Qualified Intellectual Disabilities Professional/QIDP at 10:48 A.M. on 08/28/13, E2 stated that the facility has developed a new form for documenting restraint usage, however they had not switched over to this new form as of 08/28/13. E2 also stated that she had put our an Inservice Record sheet for staff to review this form on 08/27/13. When E2 presented a copy of the inservice record (undated), only E7 (direct support person/DSP) had signed off on this inservice record sheet. When E2 was asked by the surveyors if the facility had revised their prior restraint and release records since the prior survey of 07/18/13, E2 stated, "We have a new form but we are just now switching over to it." The facility's new restraint release form provided by E2 (QIDP) identifies sections within this form	W9999		

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for, verbal prompt given, physical redirection attempted, behavior summary, restraint applied, behavior summary, restraint removed for at least 15 minutes, behavior summary, restraint reapplied and removal of restraint. No section was noted on this form to identify that the individual is checked by staff at least every thirty minutes while in restraints whereby ensuring that the individual is released as quickly as possible.

During this interview with E2 (QIDP), E2 stated, "No" when asked if the facility had implemented this form since the survey of 07/18/13.

On 08/29/13 at 3:45 P.M., E1 (Administrator) submitted additional data collection sheets identifying that the facility had implemented a different restraint release record during the month of August 2013. These records identify documentation only for the date of 08/07/13 for R9 and R14. R9's sleeve release record for 08/07/13 states, "No sleeves used no behaviors. No further entries or dates are noted on this record. R14's abdominal binder release record dated 08/07/13 states that from 2:00 P.M. - 6:40 P.M. R14's binder was applied and released during this four hour and forty minutes. There is no documentation on this form to show that less restrictive measures were attempted and documented by staff prior to the application of the binder. At this time, E1 stated that after the facility implemented this form (no date of initiation given), that the facility determined that the form was not going to work so the form was pulled from use. E1 also stated that R5, R6 and R7 still have the same release form which was reviewed during the prior survey of 07/18/13 and that she could provide the surveyors with copies of the

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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
W9999	Continued From page 112 new release records for August 2013 that were to be used for R1, R5, R7, R8, R11, R12 and R13, but these forms would be blank. Review of the new release record developed by the facility identifies, the time the restraint was applied, attempts for redirection, released time, behaviors noted and again a section for attempts for redirection. There is no area on this form to document systematic interventions such as verbal prompting, physical redirection, physical guidance, hand over hand to an activity have been attempted and have been shown to be ineffective prior to the application of the restraint. There is no area on this form to identify that the individuals (R1, R5, R6, R7, R8, R9, R11, R12, R13, nor R14) are checked by staff at least every thirty minutes and/or released from the restraint as quickly as possible when they are no longer a threat to themselves or others. There is no area on this form to document that individuals (R1, R5, R6, R7, R8, R9, R11, R12, R13, nor R14) are provided with opportunity for motion and exercise when released from their restraint. On 08/29/30 at 3:40 P.M., E1 confirmed that the facility has not yet fully implemented a restraint and release record which identifies that less restrictive measures are attempted and documented by staff prior to the application of the individual's restraint for R1, R5, R6, R7, R8, R9, R11, R12, R13, nor R14. E1 stated, "We are in the process of putting this plan in place by tomorrow..." On 08/29/30 at 3:40 P.M., E1 confirmed that the	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G099	A. BUILDING _____ B. WING _____	R 09/03/2013

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W9999	Continued From page 113 facility has not yet fully implemented a restraint and release record to identify that the individuals (R1, R5, R6, R7, R8, R9, R11, R12, R13 or R14) placed in restraints are checked by staff at least every thirty minutes while restrained and are released from their restraint(s) as quickly as possible. E1 stated to E2 (QIDP) in the presence of the surveyors, "We're going to have to redo this new form too because it doesn't address thirty minute checks while the restraint is on." (B)	W9999		