PRINTED: 04/30/2020 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		18G017	B. WNG		C 04/21/2020	
	ROVIDER OR SUPPLIER  D ICF/IID, UNIT 3			STREET ADDRESS, CITY, STATE, ZIP CODE 2441 SOUTH HIGHWAY 27 SOMERSET, KY 42501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	1D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE COMPLÉTIO	NC
W 000	INITIAL COMMENTS	3	W 00	00		
	COVID-19 focused in initiated on 04/13/20: 04/21/2020. The fact compliance with 42 (Environment and has for Medicare & Medic Centers for Disease (CDC) recommended COVID-19.  The complaint was superparty was identified 483.410 Governing It (W0102) and 42 CFI (W0122). Standard identified at W0104, On 04/01/2020, at 2: Professional (DSP) is bedroom, even thous supervise/care for th DSP #3 grab the clies "What the fuck is you	ation (KY31533) and a infection control survey was 20 and concluded on idity was found to be in CFR 483.470 Physical is implemented the Centers caid Services (CMS) and Control and Prevention d practices to prepare for  substantiated. Immediate fied on 02/21/2020 at 42 CFR Body and Management R 483.420 Client Protections level deficiencies were W0127, and W0251.  38 AM, Direct Service #3 entered Client #1's gh he was not assigned to the client. DSP #2 observed ent's face and ask the client, the problem," and then slam to a wall. DSP #3 was also				
	client down onto the Further, on 04/02/20 turned off the lights in home. Client #2 because his/her arms and leg #9 and DSP #10 resident behavior with yelling	220, at 7:03 AM, DSP #10 in the living area of Client #2's came upset, began flailing gs, and was screaming. DSP sponded to the client's g, threats to leave the client ent a "fat (inaudible)," and	12			
LABORATORY	PIDECTORIS OF FROMPER	RISHPPHER REPRESENTATIVE'S SIGNATUR	,	TITLE	(X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL' A, BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		18G017	B. WNG			04/	21/2020
	ROVIDER OR SUPPLIER  D ICF/IID, UNIT 3			24	TREET ADDRESS, CITY, STATE, ZIP CODE 441 SOUTH HIGHWAY 27 OMERSET, KY 42501	0.471	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 000	Immediate Jeopardy 04/21/2020, was dete 04/01/2020, and is or GOVERNING BODY CFR(s): 483.410 The facility must ensi	was identified on ermined to exist on agoing. AND MANAGEMENT ure that specific governing		102			
	The facility must ensure that specific governing body and management requirements are met.  This CONDITION is not met as evidenced by Based on interview, record review, review of facility investigations, and review of the Governing Body policy, it was determined the facility's governing body failed to provide operating direction and management to ensure two (2) of two (2) clients (Clients #1 and #2) were protected from physical/verbal abuse. The facility's Performance Improvement Council (Governing Body) stated the Governing Body would ensure the health and safety of clients. However, on 04/01/2020, Direct Support Professional (DSP) #3 physically abused Client #1. In addition, on 04/02/2020, DSP #9 and DSP #10 verbally abused Client #2.  Immediate Jeopardy was identified on 04/21/2020, was determined to exist on 04/01/2020, and is ongoing.  The findings include:						
	(PI) Council (Govern revealed the roles of	's Performance Improvement ing Body), dated 08/28/2019, the PI council were to operating direction, revise			•		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		18G017	B. WING	× × × × × × × × × × × × × × × × × × ×	04/3	21/2020	
	ROVIDER OR SUPPLIER D ICF/IID, UNIT 3		2	STREET ADDRESS, CITY, STATE, ZIP CODE  2441 SOUTH HIGHWAY 27  SOMERSET, KY 42501			
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W 102	policies as necessa and safety of clients facility's processes or eliminate the risk Review of Client #1 on 03/09/2020, the Unit 2 (another facil In addition, the facil 2 to Unit 3 on 03/18 Interview with the FUnit 3 on 04/12/202 at 10:40 AM and 2: approximately forty interview revealed move to Unit 3 to h Unit 2. Subsequen moved from Unit 2 stated the facility his clients out would depeer-to-peer incide "different client/stat the facility was more 3 in an effort to preed that DSP (Direct States) Client #1 on 04/01/202 AM, DSP #3 grabb slammed the client then proceeded to jerk the client off the state of the client off the state of the client off the client off the client off the proceeded to jerk the client off the state of the state of the client off the client of the client off the client of the client off the client	ry to provide for the health is, and review and analyze the and outcome data to reduce of harm to clients.  It's medical records revealed facility moved the client from ity on the campus) to Unit 3. ity moved Client #2 from Unit 1/2020.  acility Director for Unit 2 and 1/2020.  acility Director for Unit 2. Further the team evaluated who could elp decrease the census in the to Unit 3. The Facility Director and hoped that "spreading the acrease the number of ints" and clients would have a fing mix." He also stated that intoring clients and staff in Unit vent client abuse.	W 102				
		d the facility suspended DSP and terminated DSP #3 on					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION  IG		MPLETED
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	D ICF/IID, UNIT 3			STREET ADDRESS, CITY, STATE, ZIP CODE 2441 SOUTH HIGHWAY 27 SOMERSET, KY 42501		
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W 102	Continued From pa	ge 3	W 1	102		
W 104	Investigations reveathat DSP #9 and DS #2 on 04/02/2020. 04/02/2020 at approand DSP #10, without and inappropriately the client becoming aggression and sel GOVERNING BOD CFR(s): 483.410(a).		w	104		
	Based on interview facility investigation Governing Body por facility failed to ensimal maintained the ger direction to preven (2) of two (2) samp Interviews with the facility's governing #2 were relocated the campus (the cafacilities/units) to Uniterview, this mov to decrease the ce clients more room. Director stated the mechanisms in pla abused. However.	s not met as evidenced by:  v, record review, review of  ns, and review of the  blicy, it was determined that the  sure the Governing Body  neral policy and operating  t physical/verbal abuse of two  bled clients (Clients #1 and #2).  Director, a member of the  body, revealed Clients #1 and  from one facility (Unit 2) within  ampus is divided into four  linit 3. According to the  e was part of a reorganization  nsus in Unit 2 and to give the  In addition, the Former  facility had monitoring  the to ensure clients were not  to on 04/01/2020, Direct Support  the sure of the sure of the sure of the sure clients were not  to on 04/01/2020, Direct Support  to the sure of the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER D ICF/IID, UNIT 3			244	EET ADDRESS, CITY, STATE, ZIP I SOUTH HIGHWAY 27 MERSET, KY 42501	CODE	0-77.	
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W 104	entered the client's abused the client (r In addition, on 04/0	ge 4 ise or care for Client #1, bathroom and physically efer to W122 and W127). 2/2020, at approximately 7:00 SP #10 verbally abused Client	W	104				
3 <sub>2</sub>	#2 (refer to W122, The findings include Review of the facili Improvement (PI) 0 dated 08/28/2019,	W127, and W251).		A				8
	that the role of the general policy and facility. According was responsible fo	PI Council was to exercise operating direction over the to the policy, the PI Council rensuring the necessary rovided to ensure client health			* 20			
	the facility transfer Unit 3 on 03/09/20	t #1's medical record revealed red the client from Unit 2 to 20.	:	3				
	on 04/01/2020 at 2 Client #1 from the the client's bathroo by the face, asked your problem?" an client's head again	rt, dated 04/08/2020, revealed #40 AM, DSP #2 was assisting shower when DSP #3 entered pm. DSP #3 grabbed the client the client, "What the fuck is d then proceeded to slam the st the door. DSP #2 got and the client and escorted the	-					٥
#25 #11	client into his/her be away from the clien DSP #3 that he ne #3 went around DS	ned the cheft and escorted the bedroom. DSP #2 then turned into the retrieve clothing and told eded to leave. However, DSP SP #2 and grabbed the arm of the client off the bed, and						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	COMP	(X3) DATE SURVEY COMPLETED	
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61	ROVIDER OR SUPPLIER D ICF/IID, UNIT 3			STREET ADDRESS, CITY, STATE, ZIP COD 2441 SOUTH HIGHWAY 27 SOMERSET, KY 42501	<u>_</u>	
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W 104	repeated to the clicyour problem?" The DSP #3 abused Click was transferred 03/18/2020, and wold-10/2020.  A review of the fact livestigation dated facility reviewed the #2's home for 04/0 facility's review de lights in the living Client #2 was seal and was waving hegs. At this time, asking the client, "green?" (call for hehaviors or has a (inaudible)." DSP loudly, "You're don'then yelled at the up and we will leavideo footage, Click couch. The audio the client, "Listen, going to have a pufacility's investigation reverses that Client #2 was concluded that on	ent, "I asked you, what was the facility substantiated that itent #1.  Intedical record revealed Client I to the facility from Unit 2 on as moved back to Unit 2 on unit 2 on as moved back to Unit 2 on unit	W 1	04		
		and DSP #10, without question, dinappropriately to Client #2,				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
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NAME OF PR	ROVIDER OR SUPPLIER		1 2	STREET ADDRESS, CITY, STATE, ZIP CODE	1 5.11	
				2441 SOUTH HIGHWAY 27		
OAKWOO	D ICF/IID, UNIT 3			SOMERSET, KY 42501		
	CUMMARY CT	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRE	CTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		OULD BE	(X5) COMPLETION DATE
W 104	Continued From page	e 6	W 1	04		
		client becoming upset and ggression and self-injurious				
	Clients #1 and #2 wa reorganization. He for recommended Client	M, revealed the transfer of us done as part of a				
(41)	Professional (QIDP) PM, revealed she wa the client was residin client was transferred give the clients more population of clients QIDP #2, Client #2 w 04/10/2020. She sta the client "needed" to	ed Intellectual Disability #2 on 04/13/2020 at 1:45 as assigned to Client #2 when ag in Unit 3. She stated the d to Unit 3 in an attempt to space and to decrease the in the homes. According to vas moved back to Unit 2 on atted she was informed that o move and she did not really en the transfer occurred.				
	PM and on 04/13/20 revealed homes in U Clients #1 and #2 we decrease the number give the clients more and all his/her house whole, and Client #2 client could have a be	rector on 04/12/2020 at 3:45 20 at 10:40 AM and 2:15 PM, Init 3 were opened up, and ere moved from Unit 2 to er of clients in Unit 2 and to e space. He stated Client #1 emates were moved as a was chosen to move so the eigger open area outside the er the incident, the facility				Æ
	moved Client #2 bac didn't work out." Wh Director stated the c he/she had not been	ck to Unit 2 because it "just the lien asked to elaborate, the lient was with a peer that to with before. He stated that cently reeducated regarding				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		.E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PI	ROVIDER OR SUPPLIER	100017	D. VIII	STREET ADDRESS, CITY, STATE, ZIP CODE	04/21/2020
OAKWOO	D ICF/IID, UNIT 3			2441 SOUTH HIGHWAY 27 SOMERSET, KY 42501	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP	D BE COMPLETION
W 104	Continued From page	<b>⇒</b> 7	W 10	4	
W 122	the facility's abuse por received Compassion Director stated admir monitoring the homes #2 resided, on a contensure abuse did not reviewing the video/a incident report, relate new intervention impistaff/client interaction due to this intervention that Client #2 was abacknowledged the adprevented client abuse." He stated Demployee with no his know what changed. CLIENT PROTECTIC CFR(s): 483.420  The facility must ensprotections requirem  This CONDITION is Based on interview, the facility's policies footage, it was deterensure the rights of (Client #1 and Client abuse (refer to W12' Support Professiona #1's head into a door interview and the rights of the content in the rights of the rig	plicy and had recently mate Care Training. The histrative staff had also been so, where Client #1 and Client tinuous basis in an effort to a occur. He also stated that had to client aggression, was a demented to monitor as. The Director stated that on, the facility determined based. However, the Director ctions taken had not see. According to the with Client #1 was "blatant SP #3 was a long-term stary of issues and "I don't".	W 12		

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  D ICF/IID, UNIT 3			2	TREET ADDRESS, CITY, STATE, ZIP CODE 441 SOUTH HIGHWAY 27 SOMERSET, KY 42501	1 041	2 17 2 3 2 V	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(XS) COMPLETION DATE	
W 122	threatened Client #2 (inaudible)."  Immediate Jeopardy 04/21/2020, was dete 04/01/2020, and is of The findings include: Review of the facility Protocol, undated, re ensure all individuals abuse. Further revie proactively assure in serious and immedia psychological health  1. Review of a Final Report revealed the staff physically abuse According to the inve Professional (DSP) # home, but entered C approximately 2:30 / after DSP #3 entered #2, who was assigne Client #1's room. Co Investigative Report client's bathroom, gr jerked the client's he revealed that DSP # DSP #3, and escorte	was identified on ermined to exist on agoing.  Is Facility Risk Management evealed the facility must dividuals are free from the threat to their physical and and safety.  Expanded Investigative facility substantiated that ed Client #1 on 04/01/2020. estigation, Direct Support #3 was assigned to another	W	1122				
	report revealed a stated he had turned and when he turned grab the client by the the bed. DSP #2 graduates.	Itement from DSP #2 that I to get clothing for the client, back around, he saw DSP #3 e arm and jerk the client off abbed DSP #3 by the arm e. According to the report,						

	ATEMENT OF DEFICIENCIES AD PLAN OF CORRECTION AD PLAN OF CORRECTION A. BUILDING A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		18G017	B. WING_			04/	21/2020
NAME OF PR	ROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE	'	
OAKWOO	D ICF/IID, UNIT 3		5		41 SOUTH HIGHWAY 27 DMERSET, KY 42501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 122	this evidence led the #3's actions met the #3's actions met the existence led the staff verbally abused The report revealed twere coming on shift assigned to the home third staff member, It the home. The facility of Client #2's home for revealed Client #2 wouch in a recliner. It living room were turry yelling, waving his/her legs. At this the client, "Do you wo (announcement made a client who is exhibit then stated to Client and loudly stated, "YDSP #9 then yelled a keep this up and we me?" Per video foot seated on the couch DSP #10 said to the again and we're goir Shortly after, the cliewent toward the exit Investigative Report screaming and then banging on somethin home and then re-estaff several minutes the Investigative Represent when the abintervene to protect	facility to conclude that DSP definition of physical abuse.  Expanded Investigative facility substantiated that Client #2 on 04/02/2020. That DSP #9 and DSP #10 on 04/02/2020 and were where Client #2 resided. A DSP #11, was also present in the stated that video footage or 04/02/2020 at 7:00 AM, as sitting on the living room At 7:03 AM, the lights in the field off and the client started ar arms, and was kicking time, DSP #9 loudly asked ant me to call a code green le to request assistance with titing behaviors)? DSP #9 #2, "You're a fat (inaudible)" fou're done, you understand?" at the client and stated, "You will leave, you understand age, Client #2 was still.  The audio then revealed client, "Listen, you hit me to go to have a problem." and the client could be heard the client was heard hitting or the client, nor did he report upervisor. The facility	W	122			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI		(X3) DATE SURVEY COMPLETED			
		18G017	B. WNG			04/2	1/2020
	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2441 SOUTH HIGHWAY 27 SOMERSET, KY 42501			
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W 122	concluded that on 04, 7,03 AM, DSP #9 and spoke harshly and inc	/02/2020 at approximately 1 DSP #10, without question, appropriately to Client #2	w	122			:
W 127			w	127			
	Therefore, the facility	ure the rights of all clients. must ensure that clients are sical, verbal, sexual or or punishment.					
	Based on observation review of facility vide facility investigations. Risk Management Protection facility failed to protect the facility failed the facility failed to protect the facility failed to protect the facility failed the	not met as evidenced by: on, interview, record review, o/audio footage, review of , and review of the facility's rotocol, it was determined rotect two (2) of two (2)			es es		
	On 04/01/2020, Direct (DSP) #3, who was reclient, went into Cliert the client's face, and into the wall/door. Declient's arm roughly a	nts #1 and #2) from abuse. ct Support Professional not assigned to supervise the nt #1's bathroom, grabbed slammed the client's head SP #3 then grabbed the and pulled the client down ent #1 was assessed to have			(*)		
	On 04/02/2020, at 10	the face after the incident.  D:50 AM staff completed an tated Client #2 had exhibited				:	
	and had caused prop when the facility revi	taff, self-injurious behavior, perty damage. However, ewed the video/audio of the client's home on			A*		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		18G017	B. WING_	<u> </u>	04/21/2020	
	ROVIDER OR SUPPLIER D ICF/IID, UNIT 3			STREET ADDRESS, CITY, STATE, ZIP CODE 2441 SOUTH HIGHWAY 27 SOMERSET, KY 42501	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLET	
W 127	Continued From pag	e 11	w.	127		
	discovered that DSP abused Client #2 at a morning. The facility #11 was present who did not intervene to s report the abuse as Subsequently, Clienthome were not prote abuse from DSP #9 approximately sever abused Client #2.  The findings include Review of the facility Management Protoc facility must have intindividuals served a According to the pol proactively assure in serious and immediate policy defined physimotion or action, by occurs, and includes slapping, pinching, purning. Physical a behavior through cothe use of any restriction to facility ment. The facility monther through cothe use of any restriction inappropriate punishment. The facility abused to the facility and includes slapping, pinching, purning. Physical a behavior through cothe use of any restriction inappropriate punishment. The facility and	's policy, Facility Risk ol, undated, revealed the egrated systems to ensure all re free from abuse.				
	was willful, which in derogatory terms to review of the facility employees had the report to the Facility	cluded disparaging and/or individuals. Continued 's policy revealed the responsibility to immediately Director or designated or to other authorized officials				

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	ROVIDER OR SUPPLIER D ICF/IID, UNIT 3			STREET ADDRESS, CITY, ST. 2441 SOUTH HIGHWAY 27 SOMERSET, KY 42501	ATE, ZIP CODE	
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTIO		CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE	(X5) COMPLETION DATE
W 127	Continued From page	ge 12	w.	127		
	· ·	for harm to adults and out not limited to all	*			
	12:21 PM, revealed day room, wearing Legos. Client #1 go surveyor (State Sur proceeded to greet	client #1 on 04/13/2020 at the client was sitting in the headphones, and working with ot up, came over to the vey Agency Surveyor), and her and Risk Manager #1 be. The client had no visible ace.		*		
	facility admitted the client had diagnose Disabilities, Cystic Manifestations, Hy (sodium level in the	's medical record revealed the client on 11/20/2003. The es of Severe Intellectual Fibrosis with Pulmonary perosmality/Hypernatremia e blood that is higher than ecified Convulsions.	67	2		
	(PBSP) for Client #	tive Behavior Support Plan 1, dated reviewed 01/23/2020, had occasions of nighttime uld be encouraged to clean en these occurred.		w w		
**	Report, dated 04/0 04/01/2020 at 2:40 Client #1 from the urinary incontinent entered the bathro	Final Expanded Investigative 8/2020, revealed on AM, DSP #2 was assisting shower after an episode of the ce. The report stated DSP #3 om, grabbed the client by the e client, "What the fuck is your				
	problem?" DSP # client's head agair got between DSP the client into the	3 then proceeded to slam the list the door. DSP #2 stated he #3 and the client, and escorted bedroom. Further review of the SP #2 then turned away from		5 7	ii	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		<u></u>	(X3) DATE SURVEY COMPLETED C	
		18G017	B. WNG			04	1/21/2020
	PROVIDER OR SUPPLIER DD ICF/IID, UNIT 3			STREET ADDRESS, C 2441 SOUTH HIGHW SOMERSET, KY			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREF TAG	X (EACH C	VIDER'S PLAN OF CORREC CORRECTIVE ACTION SHOI REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 127	the client to retrieve he needed to leave then went around #1's arm, jerked the repeated to the client your problem?" A DSP #2 took the at him from the client analysis and finding facility substantiated abused Client #1.  Continued reviewed Investigative Report (RN) assessed Client #1.  Continued reviewed Investigative Report (RN) assessed Client #1.  Continued reviewed Investigative Report (RN) assessed Client #1.  And open areas the one-fourth inch in and the tip of the left side of the nor client did not appear to the revealed DSP #3. The video then resentered Client #1.  #3 went into Client revealed at 2:40:00 outside Client #1.  #3 went into Client revealed at 2:40:00 outside Client #1.  two (2) other DSF the living area and bedroom door. Tobserved leaving observation of the 2:41:33 AM, DSF following. DSP #1 if he put his hand.	e clothing and told DSP #3 that a. The report revealed DSP #3 DSP #2 and grabbed Client be client off the bed, and ent, "I asked you, what was ecording to the investigation, rm of DSP #3 and removed bed to the report revealed the ed that DSP #3 physically  of the facility's Final Expanded out revealed a Registered Nurse eient #1 for injury on 04/01/2020 RN documented that Client #1 that were approximately size to the upper mid-forehead mose, and discoloration to the ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or distress.  Inity's video/audio surveillance ear to be in any pain or 04/01/2020 ear to be in an	W	127			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER: A. BUILDIN		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED C	
		18G017	B. WING				04/21/2020	
	D ICF/IID, UNIT 3			2441	ET ADDRESS, CITY, STATE, ZIP COE SOUTH HIGHWAY 27 IERSET, KY 42501	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 127	03/31/2020, reveale #2 was assigned to one of which was Cl assigned as a "float" other staff for breaks for another home, b supervise Client #1, home where Client interview with DSP revealed he was as on second shift star stated Client #1 had was in the shower. Client #1's bathrooms hower when DSP to bathroom. He stated and shoved the client and DSP #2 clothing for the client around, he observe arm and pull the client reported the interview revealed I removed him from the reported the interview with DSP PM, revealed she with the prevention of the	Supervisor Report, dated of for the second shift, DSP supervise three (3) clients, ient #1. DSP #3 was (staff member who relieved and meals) staff member ut was not assigned to nor any of the clients in the #1 resided.  #2 on 04/13/2020 at 4:15 PM, signed to supervise Client #1 ting on 03/31/2020. The DSP If an incontinence episode and the stated he had gone into into assist the client out of the #3 came into the client's and DSP #3 grabbed the client into the stated he turned to get into and when he turned back of DSP #3 grabbed DSP #3 and the room. The DSP stated he incident to the Supervisor. DSP ever worked with DSP #3 and	W	127				
	04/01/2020. She s assigned to work in	tated DSP #3 was not the home, but came to the incident. She stated they						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIP A. BUILDING		IPLE CONSTRUCTION  NG	COMPL	(X3) DATE SURVEY COMPLETED C		
		18G017	B. WNG			21/2020
	ROVIDER OR SUPPLIER D ICF/IID, UNIT 3			STREET ADDRESS, CITY, STATE, ZIP CO 2441 SOUTH HIGHWAY 27 SOMERSET, KY 42501	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC (DENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 127	were seated in the li According to DSP # went into Client #1's client, DSP #3 follow then heard DSP #3 you doing?" She sta was happening and undressed from the proceeded to assist while DSP #2 and D in the kitchen area, she had not worked stated that she did in prior to him going in morning.  Interview with the S 4:14 PM, revealed I 04/01/2020 and ask home. He stated we reported the incident the facility.  Interview with Risk 12:00 PM, revealed part of the facility's Manager stated DS Client #1's bathroof According to the Ri that he grabbed an toward him to ask to according to the Ri the abuse allegation  Attempts to contact 1:00 PM and on 04 unsuccessful.	iving area of the home.  12, when DSP #2 got up and bedroom to check on the wed him. DSP #12 stated she loudly say, "What the fuck are ated she went to see what discovered the client was still shower. She stated she the client to get dressed DSP #3 were outside the room, arguing. DSP #12 stated that with DSP #3 before. She not note any odd behavior ato the client's room that  Supervisor on 04/14/2020 at DSP #2 called him on ked him to come to Client #1's when he arrived DSP #2 ht, and he had DSP #3 leave  Manager #1 on 04/14/2020 at dishe interviewed DSP #3 as investigation. The Risk SP #3 told her that he went to m to assist DSP #2. isk Manager, DSP #3 told her diturned the client's face the client a question. However, sk Manager, DSP #3 denied	W	127		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDI		(X3) DATE SURVEY COMPLETED C			
		18G017	B. WNG			04/2	1/2020
	ROVIDER OR SUPPLIER D ICF/IID, UNIT 3			24	REET ADDRESS, CITY, STATE, ZIP CODE 41 SOUTH HIGHWAY 27 DMERSET, KY 42501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 127	Continued From pag	e 16	w	127			
		020 at 1:55 PM, revealed ted on 04/14/2020 due to					
-	12:30 PM, revealed another facility within dressed in street clo the day room of the approached the surv	tient #2 on 04/13/2020 at the client had been moved to in the campus. The client was thes and was ambulating in thome. The client veyor (State Survey Agency Manager #1, and was signing	*				
	was admitted to the had diagnoses of Mo Disabilities, Develop	ral record revealed Client #2 facility on 07/12/2004 and oderate Intellectual omental Disorders of Speech duct Disorder, Cardiomegaly,	\$7				2
	revealed the client h included disruptive to behavior (hitting selfon hard surface), les	s PBSP, revised 02/02/2020, and target behaviors that behaviors, self-injurious for the head or banging head aving the area of supervision, and property destruction.	2				G.
	10:50 AM, revealed incident report that	nt Report dated 04/02/2020 at DSP #10 completed an stated Client #2 exhibited staff, self-injurious behavior, operty damage.					
	Investigative Report the facility reviewed of Client #2's home incident report was	a facility Final Expanded t dated 04/09/2020, revealed I the video/audio surveillance on 04/02/2020, after the completed. During review of veillance, the facility			p#		

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE COI		(X3) DATE SURVEY COMPLETED C	
	*	18G017	B. WING		0/	4/21/2020
	ROVIDER OR SUPPLIER		2441	ET ADDRESS, CITY, STATE, ZIP CODE SOUTH HIGHWAY 27 IERSET, KY 42501		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE. DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 127	verbally abused C AM that morning. #9 and DSP #10, and inappropriatel client becoming up aggression and se According to the frootage also reveal during the client a protect the client, Subsequently, DS provide care to CI home until 04/02/2 Review of the fact footage for Client revealed at 6:57 / Client #2 was sittl his/her feet up. A observed in the h 7:03 AM, the light started flailing his screamed. DSP a AM, "Not today (of the client, "Do you're a fat (inaud yelling while still s told the client if he leave the client al the client, "If you have a problem."  Continued review revealed at 7:05 couch and went t point, DSP #9 ye room!" and "You	SP #9 and DSP #10 had lient #2 at approximately 7:00 The report revealed that DSP without question, spoke harshly by to Client #2, which led to the poset and displaying physical elf-injurious behavior. acility's investigation, the video aled that DSP #11 was present buse and did not intervene to nor did he report the abuse. SP #9 and DSP #10 continued to ient #2 and other clients in the 2020 at 1:39 PM.  lility's video/audio surveillance #2's home on 04/02/2020 AM, DSP #9 entered the home. ing on the couch, reclined, with at 7:00 AM, DSP #10 was ome. Further review revealed at the swere turned off and Client #2 //her arms and legs and #9 stated to the client at 7:04 elient's name)" and then yelled at u want me to call a code? dible)." Client #1 continued seated in the recliner. DSP #9 e/she kept it up, they would lone. Then, DSP #10 stated to hit me again, we're going to	W 127			

NAME OF PROVIDER OR SUPPLIER  OAKWOOD ICF/IID, UNIT 3  STREET ADDRESS, CITY, STATE, 2P CODE 2441 SOUTH HIGHWAY 27 SOMERSET, KY 42501  SUMMARY STATEMENT OF DEFICIENCES (PACH DISTRICTION OF U.S. SERTIFFINIO INFORMATION)  W 127  Continued From page 18 on the floor, and started banging his/her head. The client confitued to sid on the floor with self-injurious behavior and screaming. Then, at 7.08 AM, DSP #10 yelled at the client stating, "You kicked me" DSP #8 asked DSP #10 if she should get someone "up here" because "you all" cannot risk getting hurt. At 7.09 AM, Client #2 exited the home again but returned at 7.17 AM with a female staff member. However, the client immediately exited the home again but returned at 7.17 AM with a female staff member and sat on the couch. Client #2 was no longer screaming at that time.  Interview with DSP #9 on 04/15/2020 at 4:20 PM, revealed she and two (2) other staff members were assigned to supervise clients on 04/02/2020 in the home where Client #2 resided. She stated when she arrived at work Client #2 was up and seemed agitated. She stated when the lights were turned off the client started which and the "guys" bricked the door. She stated she asked DSP #10 if he wanted her to call a code green, related to the client did not want to go back to bed. DSP #9 stated when the lights were turned off the client door and the "guys" bricked the door. She stated she asked DSP #10 if he wanted her to call a code green, related to the client speaking to the client speaking to the client speaking to the client started to lick and fall his/her arms and the "guys" bricked the door. She stated she saked DSP #10 if he wanted her to call a code green, related to the client speaking to the client started to lick and speaking to the client because the client and code green, related to the client speaking to the client started to lick and speaking to the client because the client denoted training regarding client abuse upon hire, about one month ago, however, she denied hearing staff make any	STATEMENT OF DET OF THE PROPERTY OF THE PROPER		A. BUILDI		ONSTRUCTION	COMPLETED			
AKWOOD KFRID, UNIT 3  2441 SOUTH HIGHWAY 27 SOMERSET, KY 42501  PREPEX TAG  SIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST DE PRECEDED BY PLUL) PREPEX TAG  COntinued From page 18 on the floor, and started banging his/her head. The client continued to sit on the floor with self-injurious behavior and screaming. Then, at 7.09 AM, DSP #10 yelled at the client stating, "You kicked me" DSP #3 saked DSP #10 if she should get someone "up here" because "you all" cannot risk getting hurt. At 7.09 AM, Client #2 exited the home and DSP #10 stated. "I'm going homne" The video then revealed Client #2 reentered the home at 7:15 AM with a female staff member. However, the client immediately exited the home again but returned at 7:17 AM with a female staff member and set at on the couch. Client #2 was no longer screaming at that time.  Interview with DSP #3 on 04/15/2020 at 4:20 PM, revealed she and two (2) other staff members were assigned to supervise clients on 04/02/2020 in the home where Client #2 existed DSP #10 timed off the client because the client did not want to go back to bed. DSP #9 stated when the arrived at work Client #2 was up and seemed egitated. She stated off the client started to kick and flail his/her arms and the "guys" tried to calm him/her down. According to DSP #9, client #2 got up and headed to the exit door and the "guys" the lock off the book. She stated she asked DSP #10 if he wanted her to call a code geen, related to the client shearing to the properties of			18G017	B. WNG	, 4			1/2020	
PRETIX TAG  W 127  Continued From page 18 on the floor, and started banging his/her head. The client continued to sit on the floor with self-injurious behavior and screaming. Then, at 7:08 AM, DSP #10 yelled at the client stating, "You kicked mer" DSP #3 asked DSP #10 if she should get someone "up here" because "you all cannot risk getting furt. At 7:09 AM, Dism't 2 reentered the home and DSP #10 stated, "I'm going home!" The video then revealed to the reward client #2 reentered the home at 7:15 AM with a female staff member. However, the client immediately exited the home again but returned at 7:17 AM with a female staff member and sat on the couch. Client #2 was no longer screaming at that time.  Interview with DSP #9 on 04/15/2020 at 4:20 PM, revealed she and two (2) other staff members were assigned to supervise clients on 04/02/2020 in the home where Client #2 resided. She stated when she arrived at work Client #2 was no because the client did not want to go back to bed. DSP #19 stated when the lights were turned off the client started to kick and fall his/her arms and the "guys" tried to calm him/her down. According to DSP #9, client #2 got up and headed to the exit door and the "guys" blocked the door. She stated she asked DSP #10 if he wanted her to call a code green, related to the client's behavior, but DSP #10 did not want to call a code. DSP #9 stated when she attended training regarding client abuse upon hire, about one month ago; however, she denied hearing staff make any abusive/inappropriate statements, and denied the comments she made on the facility's video/audio.				-	2441 SOUTH HIGHWAY 27				
on the floor, and started banging his/her head. The client continued to sit on the floor with self-injurious behavior and screaming. Then, at 7.08 AM, DSP #10 yelled at the client stating, "You kicked me!" DSP #9 asked DSP #10 if she should get someone "up here" because "you all' cannot risk getting hurt. At 7:09 AM, Client #2 exited the home and DSP #10 stated, "I'm going home!" The video then revealed Client #2 reentered the home at 7:15 AM with a female staff member. However, the client immediately exited the home and sold that the service with the service w	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		COMPLETION	
04/15/2020 at 4:58 PM; however, the DSP ended	W 127	on the floor, and sta The client continued self-injurious behav 7:08 AM, DSP #10; "You kicked me!" D should get someone cannot risk getting le exited the home and home!" The video to reentered the home staff member. How exited the home ag with a female staff in Client #2 was no lo Interview with DSP revealed she and to were assigned to s in the home where when she arrived a seemed agitated. the lights in an efforthe client did not w stated when the light started to kick and "guys" tried to calm DSP #9, Client #2 door and the "guys she asked DSP #1 code green, related DSP #10 did not w stated she had atte abuse upon hire, a she denied hearing abusive/inappropri comments she ma	arted banging his/her head. It to sit on the floor with ior and screaming. Then, at yelled at the client stating, ISP #9 asked DSP #10 if she ise "up here" because "you all" hurt. At 7:09 AM, Client #2 Id DSP #10 stated, "I'm going then revealed Client #2 Is at 7:15 AM with a female vever, the client immediately iain but returned at 7:17 AM member and sat on the couch. Inger screaming at that time.  #9 on 04/15/2020 at 4:20 PM, Iwo (2) other staff members upervise clients on 04/02/2020 Client #2 resided. She stated Int work Client #2 was up and She stated DSP #10 turned off Int to calm the client because I ant to go back to bed. DSP #9 In this/her arms and the In him/her down. According to got up and headed to the exit Is blocked the door. She stated It of if he wanted her to call a Id to the client's behavior, but vant to call a code. DSP #9 Indeed training regarding client about one month ago; however, I g staff make any intersity video/audio.  IDSP #10 was attempted on	W	127				

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		18G017	B. WING			04/2	1/2020
1	D ICF/IID, UNIT 3	·		2	TREET ADDRESS, CITY, STATE, ZIP CODE 441 SOUTH HIGHWAY 27 COMERSET, KY 42501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	86	(X5) COMPLETION DATE
W 127	Continued From page the call after the surveyor) identified is call.  An attempt to contact 04/15/2020 at 4:36 From and no voice mail has a linterview with Qualif Professional (QIDP) PM, revealed when the morning of 04/02 Client #2 had hit his stated she did not que the client had display because of activity listocology of Client #2 report was complete initiated an investigated PM after the review video/audio surveillated evidence that Client DSP #9 could be he the client and DSP client. Continued in involved (DSPs #9,	e 19 reyor (State Survey Agency nerself and the reason for the at DSP #11 was made on		127	DEFICIENCY)		
	Manager stated he upset that Client #2 would usually sleep Manager confirmed removed from direct 04/02/2020, after re-	thought that DSP #9 was was up because the client until noon. The Risk that the staff were not ct client care until 1:39 PM on eview of the video/audio.					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONS	L, ,	COMPLETED		
		18G017	B. WNG_			0	4/21/2020	
	OVIDER OR SUPPLIER			2441 S	T ADDRESS, CITY, STATE, ZIP CODE OUTH HIGHWAY 27 RSET, KY 42501			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 127	Continued From page		w	127				
W 251	04/05/2020 and has DSP #9 and DSP #	PM, revealed DSP #10 quit on been marked a "no hire."  11 were both terminated on he incident involving Client #2	w	251				
1	CFR(s): 483.440(d)	(3)						
	plan that must be in personnel, each clie must be implemente	ets of the individual program applemented only by licensed ent's individual program plan ed by all staff who work with professional, paraprofessional al staff.						
	Based on observal review of the facility and review of the facility and review of the facility and review of that the implementation of the (IPP) for one (1) of #2). Review of vide revealed Client #2 behaviors included Behavior Support for the client's IPP. To Support Profession were assigned to complement Client #	is not met as evidenced by: tion, interview, record review, y's video surveillance footage, acility's policy, it was a facility failed to ensure the Individual Program Plan two (2) sampled clients (Client eo footage, dated 04/02/2020, was displaying targeted in the client's Positive Plan (PBSP), which is part of two (2) staff members, Direct thals (DSPs) #9 and #10, who thare for the client, failed to 2's PBSP and were verbally ont, which led to further tient's behaviors.					*	
	The findings include Review of the facility	le: ity's policy, Positive Behavior					8	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					ATE SURVEY OMPLETED
		18G017	B. WING			1 ,	C 04/21/2020
	ROVIDER OR SUPPLIER D ICF/IID, UNIT 3			2441	ET ADDRESS, CITY, STATE, ZIP CODE SOUTH HIGHWAY 27 ERSET, KY 42501	,	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 251	is an approach to community integral emphasizes the imindividual's strengt.  Review of the facil. Support Manual, distaff who would be would reasonably procedures, are traguidelines and PE.  Observation of Clip PM, revealed the control of the day room of the approached the stand was signing to the day room of the approached the stand was signing to Review of the mediagnoses that including the diagnoses that including the diagnoses that including the diagnoses that including the diagnoses that including the pland on the environment for particular the pland also statistically self-injurious behaviors. Further leave a designate aggression or product the pland and the surfaces. Further leave a designate aggression or product the pland and the surfaces.	ed 03/07/2019, revealed PBS developing interventions for hibit behaviors that impede tion, and a value system that portance of supporting the hs, abilities, and desires.  Ity's policy, Positive Behavior ated 06/30/2017, revealed all working with the client, or be expected to know the sined on the Behavior ISPs prior to implementation.  Lent #2 on 04/13/2020 at 12:30 client was up and ambulating in the home. The client urveyor and Risk Manager #1	W	251			

STATEMENT OF DEFICIENCIES () AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	(X2) MULTIPLE CONSTRUCTION A. BUILDING				
		18G017	B. WING	<u></u>		C 4/21/2020		
	D ICF/IID, UNIT 3	-	244	EET ADDRESS, CITY, STATE, ZIP CODE 1 SOUTH HIGHWAY 27 MERSET, KY 42501	<b>3</b>			
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE. DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
W 251	client yelled "no" of threatening mann objects, only one with the client and he/she needed as did not de-escalar subject, state son "Let me see your revealed environr Client #2 included environments, wh the client. Review of Client is revealed the clier 9:00 AM, was for	splayed. The plan stated if the or raised his/her arms in a er, slammed doors or struck at (1) staff person should speak a staff should ask the client if esistance. Further, if the client the, help the client change the nething in a positive tone, i.e., smile." The PBSP also mental triggers to avoid with a loud, crowded, and chaotic esich could trigger behaviors in #2's IPP, effective 03/14/2019, the client to have breakfast, in tables, make his/her bed, etc.	W 251					
	for Client #2's ho 6:57 AM, Client # reclined back with the client was loce staff in the room. turned off and the evidenced by his legs and some se seated on the co 7:04 AM, "Not to yelled at Client # code?You're a continued while the recliner, and kept it up they we #10 stated to the going to have a prevealed at 7:05	cility's video surveillance footage me for 04/02/2020 revealed at the feet up. At 7:00 AM, which are the feet up. At 7:00 AM, the lights were a client became upset as the flailing of his/her arms and creams. The client remained uch/rectiner. DSP #9 stated at day (client's name)" and then 2, "Do you want me to call a fat (inaudible word)." The yelling the client was still lying back in DSP #9 told the client if he/she could leave him/her. Then, DSP told leave him/her. Then, DSP		28				

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
	18G017	B. WNG_		04/21/2020
NAME OF PROVIDER OR SUPPLIER  OAKWOOD ICF/IID, UNIT 3	57		STREET ADDRESS, CITY, STATE, ZIP CODE 2441 SOUTH HIGHWAY 27 SOMERSET, KY 42501	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION
"Get to your room!" a client continued to so escalated behaviors and then sat on the fi his/her head.  Continued observation was unable to clearly client was hitting his/wall. The client continued self-injurious behavion AM when DSP #10 y "You kicked me!" At DSP #10, "Do you where, cause you all continued processes of the proce	was yelling at the client, and "You are done!" The cream and displayed of slapping himself/herself, loor and started to bang on of the video revealed it y determine whether the cher head on the floor or the inued, on the floor, with or and screaming until 7:08 yelled at the client stating, and this point DSP #9 asked can't risk getting hurt?" At exited the home and DSP #10 ome!" The video footage aving the home behind the #2 reentered the home at 7:15	W	251	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		18G017	B. WING	<u></u>	0	4/21/2020	
	ROVIDER OR SUPPLIER DD ICF/IID, UNIT 3	to	2				
(X4) ID PREFIX TAG	(EACH DEFICE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 251	go back to bed, esupposed to be unis/her IPP. She turned off, the clie his/her arms and She further stated headed to the dodoor. DSP #9 staregarding Client sclient being move within the facility. believed they we Interview with DSPM, ended when surveyor identified call.  Interviews were conditionally of the care for the would refer to the guidance on how Interview with QProfessional (QI AM, revealed starting that the intervention that the intervention stated the systethe information changes in plant.	ven though the client was p completing activities as part of then stated when the lights were ent started to kick and flail the guys tried to calm the client. If the client then got up and or and the guys blocked the ated the facility had educated her #2's IPP and PBSP prior to the ed to the home from another Unit According to DSP #9, she are following the client's PBSP.  SP #10 on 04/15/2020 at 4:58 the DSP hung up after the ed the herself and the reason for the ed the the facility had educated her #2's IPP and PBSP prior to the ed to the home from another Unit According to DSP #9, she are following the client's PBSP.  SP #10 on 04/15/2020 at 4:58 the DSP hung up after the ed herself and the reason for the edicated with DSP #8 on the clients. DSP #7 on the clients. DSP #7 stated staff on the clients behaviors were monitored to address behaviors.  The difference of the planned was used, and whether or not was successful. She further m was monitored routinely and also assisted with the need for s. The QIDP then stated she did ideo for the 04/02/2020 incident	W 251				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		18G017	B. WING		C 04/21/2020	
NAME OF PROVIDER OR SUPPLIER  OAKWOOD ICF/IID, UNIT 3			STREET ADDRESS, CITY, STATE, ZIP CODE 2441 SOUTH HIGHWAY 27 SOMERSET, KY 42501			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
W 251	involving Client #2, I	ge 25 but she did review the infirmed that the staff, DSP #9 but follow Client #2's PBSP.	W 251			
				5		

Office of I	nspector General				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING: _		
		1			C
		101090	B. WNG		04/21/2020
NAME OF PR	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	FE, ZIP CODE	
OAKWOO	DICF/IID, UNIT 3		JTH HIGHWAY 2	7	
OMRIVOO	o lornio, dien s	SOMERS	ET, KY 42501		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1 1-1 1
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)			DEFICIENCY)	
1 000	Initial Comments		1 000		
l					
		ation (KY31533) and a			
		nfection control survey was			
	initiated on 04/13/20			8	
		mplaint was substantiated			
		was identified. A Type A			
		o the facility on 04/23/2020.			
		was identified related to the	) =		
	infection control surv	ey.		, ,	
			1,004		
1 001		) Section 3. Administration	1 001		
	and Operation		1		
		1 41 4 419.			
		ensee shall be legally		***	
		acility and for compliance			
	pertaining to the ope	nd local laws and regulations			
	pertaining to trie ope	staudit of the facility.			
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	This requirement is	not met as evidenced by:			8
	Based on interview,	record review, review of			
	facility investigation				
	Governing Body po	licy, it was determined that the			
		ure the Governing Body	Ì		
		eral policy and operating			
		physical/verbal abuse of two			
		ed clients (Clients #1 and #2).			
1		Director, a member of the	<b>7</b> .0		
		body, revealed Clients #1 and			
		rom one facility (Unit 2) within	Į		
		mpus is divided into four			
		nit 3. According to the ewas part of a reorganization			
1	Interview, this move	s was part of a reorganization			

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

TITLE

(X6) DATE

Office of Inspector General (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: C B. WING 04/21/2020 101090 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2441 SOUTH HIGHWAY 27 OAKWOOD ICF/IID, UNIT 3 SOMERSET, KY 42501 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1001 1 001 Continued From page 1 to decrease the census in Unit 2 and to give the clients more room. In addition, the Former Director stated the facility had monitoring mechanisms in place to ensure clients were not abused. However, on 04/01/2020, Direct Support Professional (DSP) #3, a staff member not assigned to supervise or care for Client #1, entered the client's bathroom and physically abused the client. In addition, on 04/02/2020, at approximately 7:00 AM, DSP #9 and DSP #10 verbally abused Client #2. The findings include: Review of the facility's policy, Performance Improvement (PI) Council (Governing Body), dated 08/28/2019, revealed the PI council was the facility's Governing Body. The policy stated that the role of the PI Council was to exercise general policy and operating direction over the facility. According to the policy, the PI Council was responsible for ensuring the necessary environment was provided to ensure client health and safety. 1. Review of Client #1's medical record revealed the facility transferred the client from Unit 2 to Unit 3 on 03/09/2020. Review of the facility's Final Expanded Investigative Report, dated 04/08/2020, revealed on 04/01/2020 at 2:40 AM, DSP #2 was assisting Client #1 from the shower when DSP #3 entered the client's bathroom. DSP #3 grabbed the client by the face, asked the client, "What the fuck is your problem?" and then proceeded to slam the client's head against the door. DSP #2 got between DSP #3 and the client and escorted the

Office of Inspector General (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: C B. WING 04/21/2020 101090 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2441 SOUTH HIGHWAY 27 **OAKWOOD ICF/IID, UNIT 3** SOMERSET, KY 42501 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1001 I 001 Continued From page 2 client into his/her bedroom. DSP #2 then turned away from the client to retrieve clothing and told DSP #3 that he needed to leave. However, DSP #3 went around DSP #2 and grabbed the arm of Client #1, jerked the client off the bed, and repeated to the client. "I asked you, what was your problem?" The facility substantiated that DSP #3 abused Client #1. 2. Review of the medical record revealed Client #2 was transferred to the facility from Unit 2 on 03/18/2020, and was moved back to Unit 2 on 04/10/2020. A review of the facility's Final Expanded Investigation dated 04/09/2020 revealed the facility reviewed the video/audio footage of Client #2's home for 04/02/2020 at 7:00 AM. The facility's review determined that at 7:03 AM, the lights in the living area were turned off where Client #2 was seated. The client started yelling and was waving his/her arms and kicking his/her legs. At this time, DSP #9 could be heard loudly asking the client, "Do you want me to call a code green?" (call for help with a client who is having behaviors or has eloped) ... "You're a fat (inaudible)." DSP #9 then stated to the client loudly, "You're done, you understand?" DSP #9 then yelled at the client and stated, "You keep this up and we will leave, you understand me?" Per video footage, Client #2 was still seated on the couch. The audio then revealed DSP #10 said to the client, "Listen, you hit me again and we're going to have a problem." According to the facility's investigation, DSP #11, who was also present, did not intervene to protect the client, nor did he report the incident to his supervisor. Continued review of the facility's Final Expanded Investigation revealed the facility substantiated

Office of Inspector General (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING: \_ C B. WING 04/21/2020 101090 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2441 SOUTH HIGHWAY 27 **OAKWOOD ICF/IID, UNIT 3** SOMERSET, KY 42501 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1 001 1 001 Continued From page 3 that Client #2 was verbally abused. The facility concluded that on 04/02/2020 at approximately 7:03 AM, DSP #9 and DSP #10, without question, spoke harshly and inappropriately to Client #2. which then led to the client becoming upset and displaying physical aggression and self-injurious behavior. Interview with the Unit Administrator on 04/13/2020 at 3:15 PM, revealed the transfer of Clients #1 and #2 was done as part of a reorganization. He further stated he recommended Client #2 be returned to Unit #2. as the transfer was not successful and it was not good for the client. Interview with Qualified Intellectual Disability Professional (QIDP) #2 on 04/13/2020 at 1:45 PM, revealed she was assigned to Client #2 when the client was residing in Unit 3. She stated the client was transferred to Unit 3 in an attempt to give the clients more space and to decrease the population of clients in the homes. According to QIDP #2. Client #2 was moved back to Unit 2 on 04/10/2020. She stated she was informed that the client "needed" to move and she did not really know the reason when the transfer occurred. Interview with the Director on 04/12/2020 at 3:45 PM and on 04/13/2020 at 10:40 AM and 2:15 PM, revealed homes in Unit 3 were opened up, and Clients #1 and #2 were moved from Unit 2 to decrease the number of clients in Unit 2 and to give the clients more space. He stated Client #1 and all his/her housemates were moved as a whole, and Client #2 was chosen to move so the client could have a bigger open area outside the home. However, after the incident, the facility moved Client #2 back to Unit 2 because it "just didn't work out." When asked to elaborate, the

Office of Inspector General (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: C B. WING 04/21/2020 101090 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2441 SOUTH HIGHWAY 27 **OAKWOOD ICF/IID, UNIT 3** SOMERSET, KY 42501 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1001 1001 Continued From page 4 Director stated the client was with a peer that he/she had not been with before. He stated that all staff had been recently reeducated regarding the facility's abuse policy and had recently received Compassionate Care Training. The Director stated administrative staff had also been monitoring the homes, where Client #1 and Client #2 resided, on a continuous basis in an effort to ensure abuse did not occur. He also stated that reviewing the video/audio surveillance after an incident report, related to client aggression, was a new intervention implemented to monitor staff/client interactions. The Director stated that due to this intervention, the facility determined that Client #2 was abused. However, the Director acknowledged the actions taken had not prevented client abuse. According to the Director, the incident with Client #1 was "blatant abuse." He stated DSP #3 was a long-term employee with no history of issues and "I don't know what changed." 1012 1012 902 KAR 20:086-3(6) Section 3. Administration and Operation (6) Patient rights. Patient rights shall be provided for pursuant to KRS 216.510 to 216.525.

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Office of Inspector General (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 101090 04/21/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2441 SOUTH HIGHWAY 27 **OAKWOOD ICF/IID, UNIT 3** SOMERSET, KY 42501 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR USC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1012 1012 Continued From page 5 This requirement is not met as evidenced by: Based on observation, interview, record review, review of facility video/audio footage, review of facility investigations, and review of the facility's Risk Management Protocol, it was determined the facility failed to protect two (2) of two (2) sampled clients (Clients #1 and #2) from abuse. On 04/01/2020, Direct Support Professional (DSP) #3, who was not assigned to supervise the client, went into Client #1's bathroom, grabbed the client's face, and slammed the client's head into the wall/door. DSP #3 then grabbed the client's arm roughly and pulled the client down onto his/her bed. Client #1 was assessed to have cuts and bruising to the face after the incident. On 04/02/2020, at 10:50 AM staff completed an incident report that stated Client #2 had exhibited aggression toward staff, self-injurious behavior. and had caused property damage. However, when the facility reviewed the video/audio surveillance footage of the client's home on 04/02/2020 at approximately 1:30 PM, they discovered that DSP #9 and DSP #10 verbally abused Client #2 at approximately 7:30 AM that morning. The facility also determined that DSP #11 was present when the abuse occurred, but did not intervene to stop the abuse, and did not report the abuse as required by facility policy. Subsequently, Client #1 and other clients in the home were not protected from further potential abuse from DSP #9 and DSP #10 until 1:39 PM, approximately seven (7) hours after they verbally abused Client #2. The findings include: Review of the facility's policy, Facility Risk Management Protocol, undated, revealed the

Office of Inspector General (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: C B. WING 04/21/2020 101090 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2441 SOUTH HIGHWAY 27 OAKWOOD ICF/IID, UNIT 3 SOMERSET, KY 42501 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1012 1012 Continued From page 6 facility must have integrated systems to ensure all individuals served are free from abuse. According to the policy, the facility must proactively assure individuals are free from serious and immediate threat to their physical and psychological health and safety. The facility's policy defined physical abuse as any physical motion or action, by which bodily harm or trauma occurs, and includes but is not limited to hitting, slapping, pinching, punching, kicking, and burning. Physical abuse also included controlling behavior through corporal punishment as well as the use of any restrictive, intrusive procedure to control inappropriate behavior for purposes of punishment. The facility defined verbal abuse as any use of oral, written, or gestured language that was willful, which included disparaging and/or derogatory terms to individuals. Continued review of the facility's policy revealed the employees had the responsibility to immediately report to the Facility Director or designated representative and/or to other authorized officials of harm or potential for harm to adults and children, including, but not limited to all allegations of abuse. 1. Observation of Client #1 on 04/13/2020 at 12:21 PM, revealed the client was sitting in the day room, wearing headphones, and working with Legos. Client #1 got up, came over to the surveyor (State Survey Agency Surveyor), and proceeded to greet her and Risk Manager #1 using sign language. The client had no visible injuries to his/her face. Review of Client #1's medical record revealed the facility admitted the client on 11/20/2003. The client had diagnoses of Severe Intellectual Disabilities, Cystic Fibrosis with Pulmonary Manifestations, Hyperosmality/Hypernatremia

Office of Inspector General (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 04/21/2020 101090 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2441 SOUTH HIGHWAY 27 OAKWOOD ICF/IID, UNIT 3 SOMERSET, KY 42501 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1012 1012 Continued From page 7 (sodium level in the blood that is higher than normal), and Unspecified Convulsions. Review of the Positive Behavior Support Plan (PBSP) for Client #1, dated reviewed 01/23/2020. revealed the client had occasions of nighttime accidents and should be encouraged to clean himself/herself when these occurred. Review of a facility Final Expanded Investigative Report, dated 04/08/2020, revealed on 04/01/2020 at 2:40 AM, DSP #2 was assisting Client #1 from the shower after an episode of urinary incontinence. The report stated DSP #3 entered the bathroom, grabbed the client by the face, and asked the client, "What the fuck is your problem?" DSP #3 then proceeded to slam the client's head against the door. DSP #2 stated he got between DSP #3 and the client, and escorted the client into the bedroom. Further review of the report revealed DSP #2 then turned away from the client to retrieve clothing and told DSP #3 that he needed to leave. The report revealed DSP #3 then went around DSP #2 and grabbed Client #1's arm, jerked the client off the bed, and repeated to the client, "I asked you, what was your problem?" According to the investigation, DSP #2 took the arm of DSP #3 and removed him from the client's bedroom. Review of the analysis and findings of the report revealed the facility substantiated that DSP #3 physically abused Client #1. Continued review of the facility's Final Expanded Investigative Report revealed a Registered Nurse (RN) assessed Client #1 for injury on 04/01/2020 at 2:52 AM. The RN documented that Client #1 had open areas that were approximately one-fourth inch in size to the upper mid-forehead and the tip of the nose, and discoloration to the

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Office of Inspector General (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING \_ 04/21/2020 101090 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2441 SOUTH HIGHWAY 27 OAKWOOD ICF/IID, UNIT 3 SOMERSET, KY 42501 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1012 1012 Continued From page 8 left side of the nose. She further documented the client did not appear to be in any pain or distress. Review of the facility's video/audio surveillance footage of Client #1's home, dated 04/01/2020, revealed DSP #3 entered the home at 2:31 AM. The video then revealed at 2:38:48 AM, DSP #2 entered Client #1's room and at 2:38:58 AM, DSP #3 went into Client #1's room. Further review revealed at 2:40:09 AM, DSP #2 walked just outside Client #1's doorway and spoke with the two (2) other DSPs in the home, who got up from the living area and approached the client's bedroom door. Then at 2:41 AM, DSP #3 was observed leaving Client #1's room. Continued observation of the video/audio revealed at 2:41:33 AM, DSP #3 left the home with DSP #2 following. DSP #2 could be heard asking DSP #3 if he put his hands on the client like that all the time and if that made him feel big. DSP #3 replied, "No," and then exited the home. Review of the Daily Supervisor Report, dated 03/31/2020, revealed for the second shift, DSP #2 was assigned to supervise three (3) clients, one of which was Client #1. DSP #3 was assigned as a "float" (staff member who relieved other staff for breaks and meals) staff member for another home, but was not assigned to supervise Client #1, nor any of the clients in the home where Client #1 resided. Interview with DSP #2 on 04/13/2020 at 4:15 PM. revealed he was assigned to supervise Client #1 on second shift starting on 03/31/2020. The DSP stated Client #1 had an incontinence episode and was in the shower. He stated he had gone into Client #1's bathroom to assist the client out of the shower when DSP #3 came into the client's bathroom. He stated DSP #3 grabbed the client

Office of Inspector General (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 04/21/2020 101090 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2441 SOUTH HIGHWAY 27 OAKWOOD ICF/IID, UNIT 3 SOMERSET, KY 42501 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1012 1012 Continued From page 9 and shoved the client's head against the door. He stated that at that point, he got between the client and DSP #3 and escorted the client into the bedroom. DSP #2 stated he turned to get clothing for the client and when he turned back around, he observed DSP #3 grab the client's arm and pull the client off the bed. Further interview revealed DSP #2 grabbed DSP #3 and removed him from the room. The DSP stated he then reported the incident to the Supervisor. DSP #2 stated he had never worked with DSP #3 and had only met him once before. Interview with DSP #12 on 04/14/2020 at 4:01 PM, revealed she was also assigned to Client #1's home on second shift on 03/31/2020 through 04/01/2020. She stated DSP #3 was not assigned to work in the home, but came to the home just before the incident. She stated they were seated in the living area of the home. According to DSP #12, when DSP #2 got up and went into Client #1's bedroom to check on the client, DSP #3 followed him. DSP #12 stated she then heard DSP #3 loudly say, "What the fuck are you doing?" She stated she went to see what was happening and discovered the client was still undressed from the shower. She stated she proceeded to assist the client to get dressed while DSP #2 and DSP #3 were outside the room, in the kitchen area, arguing. DSP #12 stated that she had not worked with DSP #3 before. She stated that she did not note any odd behavior prior to him going into the client's room that morning. Interview with the Supervisor on 04/14/2020 at 4:14 PM, revealed DSP #2 called him on 04/01/2020 and asked him to come to Client #1's home. He stated when he arrived DSP #2 reported the incident, and he had DSP #3 leave

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Office of Inspector General (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING: \_ B. WING 04/21/2020 101090 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2441 SOUTH HIGHWAY 27 OAKWOOD ICF/IID, UNIT 3 SOMERSET, KY 42501 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1012 1012 Continued From page 10 the facility. Interview with Risk Manager #1 on 04/14/2020 at 12:00 PM, revealed she interviewed DSP #3 as part of the facility's investigation. The Risk Manager stated DSP #3 told her that he went to Client #1's bathroom to assist DSP #2. According to the Risk Manager, DSP #3 told her that he grabbed and turned the client's face toward him to ask the client a question. However, according to the Risk Manager, DSP #3 denied the abuse allegations. Attempts to contact DSP #3 on 04/14/2020 at 1:00 PM and on 04/15/2020 at 4:40 PM, were unsuccessful. Interview with the facility's Human Resource Manager on 04/14/2020 at 1:55 PM, revealed DSP #3 was terminated on 04/14/2020 due to client abuse. 2. Observation of Client #2 on 04/13/2020 at 12:30 PM, revealed the client had been moved to another facility within the campus. The client was dressed in street clothes and was ambulating in the day room of the home. The client approached the surveyor (State Survey Agency Surveyor) and Risk Manager #1, and was signing to go for a walk. Review of the medical record revealed Client #2 was admitted to the facility on 07/12/2004 and had diagnoses of Moderate Intellectual Disabilities, Developmental Disorders of Speech and Language, Conduct Disorder, Cardiomegaly, and Dysphagia. Review of Client #2's PBSP, revised 02/02/2020, revealed the client had target behaviors that

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Office of Inspector General (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING: \_ C B. WING 04/21/2020 101090 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2441 SOUTH HIGHWAY 27 **OAKWOOD ICF/IID, UNIT 3** SOMERSET, KY 42501 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1012 1012 Continued From page 12 screamed. DSP #9 stated to the client at 7:04 AM, "Not today (client's name)" and then yelled at the client, "Do you want me to call a code? You're a fat (inaudible)." Client #1 continued yelling while still seated in the recliner. DSP #9 told the client if he/she kept it up, they would leave the client alone. Then, DSP #10 stated to the client, "If you hit me again, we're going to have a problem." Continued review of the facility's video/audio revealed at 7:05 AM, Client #2 got up from the couch and went toward the exit door. At that point, DSP #9 yelled at the client, "Get to your room!" and "You are done!" The client continued to scream and began slapping himself/herself, sat on the floor, and started banging his/her head. The client continued to sit on the floor with self-injurious behavior and screaming. Then, at 7:08 AM, DSP #10 yelled at the client stating, "You kicked me!" DSP #9 asked DSP #10 if she should get someone "up here" because "you all" cannot risk getting hurt. At 7:09 AM, Client #2 exited the home and DSP #10 stated, "I'm going home!" The video then revealed Client #2 reentered the home at 7:15 AM with a female staff member. However, the client immediately exited the home again but returned at 7:17 AM with a female staff member and sat on the couch. Client #2 was no longer screaming at that time. Interview with DSP #9 on 04/15/2020 at 4:20 PM, revealed she and two (2) other staff members were assigned to supervise clients on 04/02/2020 in the home where Client #2 resided. She stated when she arrived at work Client #2 was up and seemed agitated. She stated DSP #10 turned off the lights in an effort to calm the client because the client did not want to go back to bed. DSP #9 stated when the lights were turned off the client

Office of Inspector General (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C B. WING 101090 04/21/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2441 SOUTH HIGHWAY 27 **OAKWOOD ICF/IID, UNIT 3** SOMERSET, KY 42501 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 1012 1012 Continued From page 13 started to kick and flail his/her arms and the "guys" tried to calm him/her down. According to DSP #9, Client #2 got up and headed to the exit door and the "guys" blocked the door. She stated she asked DSP #10 if he wanted her to call a code green, related to the client's behavior, but DSP #10 did not want to call a code. DSP #9 stated she had attended training regarding client abuse upon hire, about one month ago; however, she denied hearing staff make any abusive/inappropriate statements, and denied the comments she made on the facility's video/audio. An interview with DSP #10 was attempted on 04/15/2020 at 4:58 PM; however, the DSP ended the call after the surveyor (State Survey Agency Surveyor) identified herself and the reason for the call. An attempt to contact DSP #11 was made on 04/15/2020 at 4:36 PM, but there was no answer and no voice mail had been set up. Interview with Qualified Intellectual Disabilities Professional (QIDP) #2 on 04/13/2020 at 1:45 PM, revealed when she arrived at the facility on the morning of 04/02/2020, DSP #9 told her that Client #2 had hit his/her head on the wall. She stated she did not question the behavior because the client had displayed some behaviors recently because of activity limitations/restrictions due to COVID-19. Interview with Risk Manager #3 on 04/14/2020 at 1.05 PM, revealed he reviewed video surveillance footage of Client #2's home after the incident report was completed on 04/02/2020, and initiated an investigation at approximately 1:30 PM after the review. He stated the facility's video/audio surveillance was the most powerful

Office of Inspector General (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ C B. WING 04/21/2020 101090 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2441 SOUTH HIGHWAY 27 OAKWOOD ICF/IID, UNIT 3 SOMERSET, KY 42501 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1012 1012 Continued From page 14 evidence that Client #2 was abused. He stated DSP #9 could be heard screaming and cursing at the client and DSP #10 was heard to warn the client. Continued interview revealed all the staff involved (DSPs #9, #10, and #11) were fairly new, but all had received abuse training. The Risk Manager stated he thought that DSP #9 was upset that Client #2 was up because the client would usually sleep until noon. The Risk Manager confirmed that the staff were not removed from direct client care until 1:39 PM on 04/02/2020, after review of the video/audio. Interview with the Human Resources Manager on 04/13/2020 at 1:00 PM, revealed DSP #10 quit on 04/05/2020 and has been marked a "no hire." DSP #9 and DSP #11 were both terminated on 04/09/2020 due to the incident involving Client #2 on 04/02/2020.

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 04/30/2020 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
	18G017 B. WING			1.	04/21/2020		
NAME OF PROVIDER OR SUPPLIER  OAKWOOD ICF/IID, UNIT 3		STREET ADDRESS, CITY, STATE, ZIP CODE 2441 SOUTH HIGHWAY 27 SOMERSET, KY 42501					
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E 000	survey was initiated concluded on 04/21/ to be in compliance	2020. The facility was found with 42 CFR 483.475 dness related to E0024. No	€ 000				
		R/SUPPLIER REPRESENTATIVE'S SIGNATU		TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.