STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(x2) multiple construction	(X3) DATE SURVEY COMPLETED
	366183	a. building _____ b. wing _____	12/17/2019

name of provider or supplier	street address, city, state, zip code
NEW AVENUES-OVERLOOK	2528 OVERLOOK DRIVE CLEVELAND HEIGHTS OH, 44106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BEPRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETIO N
W 0000	INITIAL COMMENTS FUNDAMENTAL SURVEY ADMINISTRATOR: Karen Knavel CERTIFIED BED CAPACITY: 8 CENSUS IN HOUSE: 8 The following deficiencies are based on the Fundamental survey completed on 12/17/19.	W 0000		
W 0130	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure privacy during care. This affected one (Individual #8) of eight individuals observed during morning care on 12/17/19. The facility census was eight individuals. Findings include: On 12/17/19 between 6:50 A.M. and 7:05 A.M., a tour of the facility accompanied by Residential Coordinator #12 revealed Individual #8 was in an upstairs bathroom getting dressed. The individual was	W 0130	The deficiency: the facility failed to ensure privacy during care. To Correct: The facility will assure the staff are retrained on client rights and privacy. Training was implemented 1/9/20 included client rights and privacy. To monitor: The Residential Coordinator will conduct quarterly random checks on all shifts and report all findings to the QIDP. The QIDP responsible for retraining the staff. Compliance Date: January 31, 2020	01/31/2020

laboratory director's or provider/supplier representative's signature | title | (x6) date

SAMANTHA.PAVONE | 01/08/2020

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

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W 0130	Continued From page 1 partially clothed. The bathroom door was wide open with Direct Service Professional (DSP) #18 standing in the doorway. The DSP was verbally prompting Individual #8 to dress. During an interview on 12/17/19 at 7:05 A.M., Residential Coordinator #12 confirmed the observation. She agreed DSP #18 made no attempt to close the bathroom door or provide privacy to Individual #8.	W 0130		
W 0149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on interview, review of a major unusual incident, and review of the facility policy, the facility failed to implement their unusual incident report (UIR) and major unusual incident report (MUI) policy when they did not obtain witness statement or interviews following a major injury of unknown cause. This affected one (Individual #7) of two individuals reviewed from two MUIs for major injuries. The facility census was eight individuals. Findings include:	W 0149	The deficiency: the facility failed to implement their unusual incident report (UIR) and major unusual incident report (MUI) policy when they did not obtain witness statement or interviews following a major injury of unknown cause. To Correct: The facility will ensure that all QIDPs are retrained on the UIR/MUI policy and conducting investigations. The Residential Manager will complete the training for the QIDPs. To monitor: The QIDP will submit a complete packet of investigation for all MUIs this includes: completed UIR, witness statements, hospital paperwork, any health related charts, and 5 day summary by the 5th business day. The Residential Manager will retain a copy of all completed investigations. Training was implemented 12/17/19. Compliance Date: January 31, 2020	01/31/2020

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W 0149	Continued From page 2 Review of an MUI revealed on 02/22/19, the facility-owned day program called the facility to inform staff individual #7 had been limping. The facility staff notified the nurse on 02/22/19 at 3:00 P.M. The nurse instructed staff to take individual #7 to an urgent care center for assessment. X-rays indicated the individual had a fracture to the navicular bone in the right foot. The urgent care center provided a post operative shoe and referred individual #7 to an orthopedic surgeon. The orthopedic surgeon recommended weight bearing as tolerated and follow up in four weeks for more x-rays. Review of the facility's investigation and Investigative Report/Summary dated 03/01/19 revealed there were no staff witness statements and no staff or individual interviews completed at either the facility or the facility owned day program. Review of the facility's UIR and MUI Policy (revised 04/18/16) indicated it is the responsibility of the Director Residential Services/Director of Community-based Services to ensure the investigative process is initiated, conducted, and concluded promptly. During an interview on 12/16/19 at 9:58 A.M., Residential Manager (RM) #25 indicated the person who initiated the MUI	W 0149		

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W 0149	Continued From page 3 on 02/22/19 indicated Individual #7 had no problem when she left in the morning to go to the day program. RM #25 confirmed the facility investigation of the MUI contained no staff witness statements and no staff or Individual interviews.	W 0149		
W 0154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on interview, record review, and review of a major unusual incident (MUI) and the facility's investigation, the facility failed to thoroughly investigate a major injury of unknown cause. This affected one (Individual #7) of two individuals during review from two MUIs for major injuries. The facility census was eight individuals. Findings include: Review of the record revealed Individual #7 was admitted on 06/19/09 with diagnoses including autism spectrum disorder, anxiety disorder, intermittent explosive disorder, and moderate intellectual disabilities. Review of the annual Individualized Habilitation Plan dated 10/10/19 indicated Individual #7 paced, walked fast, ignored, stared over and over,	W 0154	The deficiency: the facility failed to thoroughly investigate a major injury of unknown cause. To Correct: The facility will ensure that all QIDPs are retrained on the UIR/MUI policy and conducting investigations. The Residential Manager will complete the training to the QIDPs. To monitor: The QIDP will submit a complete packet of investigation for all MUIs this includes: completed UIR, witness statements, hospital paperwork, any health related charts, and 5 day summary by the 5th business day. The Residential Manager will retain a copy of all completed investigations. The Incident Reporting Committee will monitor all completed MUIs, the committee meets bi-monthly. Training was implemented 12/17/19. Compliance Date: January 31, 2020.	01/31/2020

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W 0154	Continued From page 4 walked up on others, and fidgeted when anxious or agitated. Review of an MUI revealed on 02/22/19, the facility-owned day program called the facility to inform staff Individual #7 had been limping. The facility staff notified the nurse on 02/22/19 at 3:00 P.M. The nurse instructed staff to take Individual #7 to an urgent care center for assessment. X-rays indicated the individual had a fracture to the navicular bone in the right foot. The urgent care center provided a post operative shoe and referred Individual #7 to an orthopedic surgeon. The orthopedic surgeon recommended weight bearing as tolerated, and follow up in four weeks for more x-rays. Review of the facility's investigation and Investigative Report/Summary dated 03/01/19 revealed there were no witness statements and no staff or individual interviews completed at either the facility or the facility owned day program. The cause listed on the statement of investigation and preventative measures was, "After x-ray determined right foot fracture." During an interview on 12/16/19 at 9:58 A.M., Residential Manager (RM) #25 indicated the person who initiated the UIR indicated Individual #7 had no problem when she left in the morning to go to the day program. RM #25 confirmed the	W 0154		

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W 0154	Continued From page 5 facility investigation of the MUI contained no staff witness statements and no staff or individual interviews.	W 0154		
W 0159	483.430(a) QIDP Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the Qualified Intellectual Disabilities Professional (QIDP) effectively coordinated and monitored active treatment programing. This affected three (Individuals #5, #7, and #8) of three individuals reviewed. The facility census was eight individuals. Findings include: 1. Review of the record revealed Individual #5 was admitted on 06/26/07 with diagnoses including intermittent explosive disorder, bipolar disorder, depression, bilateral hearing loss, and severe intellectual disabilities. Review of her annual Individualized Habilitation Plan dated 06/12/19 indicated Individual #5 had active treatment programs including for medication, adaptive equipment, and purchasing. Review of the medication program initiated 06/12/19 indicated the individual would like	W 0159	The deficiency: failed to ensure the Qualified Intellectual Disabilities Professional (QIDP) effectively coordinated and monitored active treatment programing. To Correct: the facility will ensure that all QIDPs are retrained on Quarterly assessments. The QIDP was trained on 12/17/19 on how to properly due Quarterly assessments. The team also met with the agency Training and Development Manager on 12/20/19 for a refresher on calculating active treatments. The Residential Manager will conduct the initial training for the QIDP. To Monitor: the QIDP will submit quarterly reports to the interdisciplinary team and the Residential Manager for review. The QIDP is updating active treatments/calculations and training staff on the updated documentation on 1/9/20. Compliance Date: January 31, 2020	01/31/2020

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W 0159	Continued From page 6 to complete all steps of the medication program with three verbal prompts (VPs). The steps were come to take medication, obtain water cup and fill, and take medication and throw out cup. Review of September 2019's program documentation revealed Individual #5 completed the program 44 times. Each time the individual successfully completed the objective with three VPs. The QIDP reviewed the program on 10/08/19 and indicated the goal was not met. Review of October 2019's program documentation revealed the program was completed 48 times. Each time the individual successfully completed the objective with three VPs. The QIDP reviewed the program on 11/07/19 and indicated the goal was not met. Review of the adaptive equipment program revised 06/12/19 indicated the individual would like to complete the eyeglass program with five VPs. Review of September 2019's program documentation revealed Individual #5 completed the program 15 times. Each time the individual successfully completed the objective with five VPs. The QIDP reviewed the program on 10/08/19 and indicated the goal was not met. Review of October 2019's program documentation revealed Individual #5 completed the program 17 times. Each time the	W 0159		

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W 0159	Continued From page 7 Individual successfully completed the objective with five VPs. The QIDP reviewed the program on 11/07/19 and the goal was met. She documented Individual #5 completed the objective with an average of four VPs. Review of the purchasing program initiated 06/12/19 indicated the individual would like to complete shopping program with four VPs. Review of September 2019's program documentation revealed Individual #5 completed the program three times. The individual needed nine VPs one time and six VPs the other two times. The QIDP review the program on 10/08/19 and indicated the goal was met. Review of the record revealed no systematic review of the programs to determine whether programs needed to be revised or discontinued. During interviews on 12/17/19 at 10:35 A.M. and 12:06 P.M., the QIDP indicated she completed monthly calculations of program data according to how she was trained. She agreed she calculated success rate incorrectly. The QIDP indicated there were no quarterly or other periodic reviews of programing to determine if programs needed to be revised. Programs data is calculated monthly. She reviews programing annually	W 0159		

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W 0159	Continued From page 8 and revises as needed. 2. Review of the record revealed Individual #5 was admitted on 06/26/07 with diagnoses including intermittent explosive disorder, bipolar disorder, depression, bilateral hearing loss, and severe intellectual disabilities. Individual #5 attended a facility-owned day center five days a week. Review of active treatment programing at the day center revealed an activity program initiated 06/12/17. The program indicated Individual #5 will choose to participate in an activity with a peer of her choice with six VPs or less for 60 percent of sessions. Review of the program documentation from February 2019 through November 2019, revealed Individual #5 met the objective 100 percent during all months. The program objective remained unchanged. During an interview on 12/16/19 at 12:53 P.M., Community Inclusion Lead #35 indicated she is responsible for calculating the program data each month. She does not write or revise the active treatment programs. Community Inclusion Lead #35 agreed Individual #5 has consistently met the activity program goal. She confirmed the program has not been revised. 3. Review of the record revealed Individual #7 was admitted on 06/19/09 with diagnoses including autism spectrum	W 0159		

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W 0159	Continued From page 9 disorder, intermittent explosive disorder, anxiety disorder, and moderate intellectual disabilities. Review of her annual Individualized Habilitation Plan (IHP) dated 10/10/19 indicated Individual #7 had active treatment programs including oral hygiene, clothing care, and food preparation. Review of the oral hygiene program revised 10/10/19 indicated the individual will complete oral hygiene routine with two VPs per task. The tasks were to floss between teeth, brush top front teeth, brush top left teeth, brush top right teeth, brush lower bottom teeth, brush right lower teeth, and gum brushing. Review of program data sheet for October 2019 indicated the program was to complete oral hygiene routine with one VP per task, 50 percent of sessions. Individual #7 completed the tooth brushing program 23 times. Each time the individual completed each task with one VP or less. The QIDP reviewed the program on 11/11/19 and indicated Individual #7 did not meet the goal for month. Review of the program data sheets for November and December 2019 indicated the program was not revised as per the IHP dated 10/10/19. Review of the clothing care program revised 10/10/19 indicated the individual would like to complete laundry program with four VPs or less per session.	W 0159		

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W 0159	Continued From page 10 Review of the program data sheets for November and December 2019 revealed the program was never revised. The program documentation sheets for September, October, November, and December had the goal, Individual #7 will complete laundry program with five VPs or less in 50 percent of sessions. Review of the food preparation program revised 10/10/18 indicated Individual #7 will make a sandwich for lunch with two VPs per task 50 percent of sessions. The tasks were wash hands, gather all items needed, make sandwich, place sandwich in bag, and return all items. Review of the program data sheet for September 2019 indicated the program was completed 11 times. Individual #7 successfully completed each task with one VP each session. The QIDP reviewed the program on 10/10/19 and indicated Individual #7 did not meet the goal for the month. Review of the program data sheet for November 2019 indicated the program was completed 15 times. Individual #7 successfully completed each task with two or less VPs each time. The QIDP reviewed the program on 12/06/19 and indicated the individual did not meet the goal for the month. Review of the record revealed no systematic review of the programs to	W 0159		

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W 0159	Continued From page 11 determine whether programs needed to be revised or discontinued. During interviews on 12/17/19 at 10:35 A.M. and 12:06 P.M., the QIDP indicated she completed monthly calculations of program data. She agreed she calculated success rate incorrectly several times. The QIDP agreed some of the program documentation sheets had an incorrect learning objective. The QIDP indicated there were no quarterly or other periodic reviews of programing to determine if programs needed to be revised or corrected. Programs data is calculated monthly. She reviews programing annually and revises as needed. 4. Review of the record revealed Individual #8 was admitted on 09/12/05 with diagnoses including chronic undifferentiated schizophrenia, Asperger's syndrome, and moderate ID. Review of her annual IHP dated 10/10/19 indicated Individual #8 had active treatment programs including medication and purchasing. Review of the medication program revised 10/10/19 indicated Individual #8 will report to the medication room with one VP 50 percent of sessions. Review of the program data sheet for September 2019 indicated the program was to name one medication with one VP	W 0159		

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W 0159	Continued From page 12 50 percent of sessions. Individual #8 successfully named one medication with no VPs all 25 sessions. The QIDP reviewed the program on 10/10/19 and indicated the individual did not meet the goal. Review of the program data sheet for November 2019 indicated the program was completed 20 times. Individual #8 successfully met goal during all but two sessions. The QIDP reviewed the program on 12/06/19. She did not indicate whether the individual met the learning objective. Review of the purchasing program unchanged 10/10/19 indicated individual #8 would like to complete his shopping program with four VPs in 50 percent of sessions. Review of the program data sheet for November 2019 revealed the individual participated in the program once and required five verbal prompts. The QIDP reviewed the program on 12/06/19 and indicated individual #8 met the goal for the month. Review of the record revealed no systematic review of the programs to determine whether programs needed to be revised or discontinued. During interviews on 12/17/19 at 10:35 A.M. and 12:06 P.M., the QIDP indicated she completed monthly calculations of program data. She agreed she calculated success rate incorrectly several times. The QIDP indicated there were no quarterly	W 0159		

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W 0159	Continued From page 13 or other periodic reviews of programing to determine if programs needed to be revised or corrected. Programs data is calculated monthly. She reviews programing annually and revises as needed.	W 0159		