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	0016346	A. BUILDING: _____ B. WING _____	C 09/25/2024

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N 000	Initial Comments On 09/19/2024, Surveyor conducted a complaint investigation at HIL Meadow Ridge. Additional information was collected through 09/25/2024. The complaint was substantiated and resulted in 1 deficient practice identified. Census: 7	N 000		
N 362	83.33(1)(d) Grievance procedure: written summary The CBRF shall provide a written summary of the grievance, the findings and the conclusions and any action taken to the resident or the resident ' s legal representative and the resident ' s case manager. The CBRF shall maintain a copy of the investigation. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure 2 on going complaints for Resident 1 were identified as grievances. The recurring complaints were unresolved and were not recognized by the provider as grievances, therefore no written summary and conclusion was provided to Resident 1's legal guardian. No lasting interventions were put into place to address the concerns that had the potential to harm the resident. Findings include: On 05/23/2024, the Department received a complaint alleging the provider had been repeatedly made aware of care concerns and those concerns had not been addressed to effect lasting change.	N 362		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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N 362	Continued From page 1 On 09/20/2024, Surveyor reviewed Resident 1's record and noted Resident 1 was admitted to the facility on 04/14/2017 with diagnoses including deaf non-speaking, legal blindness, profound intellectual disabilities, incontinent of bowel and bladder, and epilepsy. Resident 1's admission assessment dated 03/13/2017 noted s/he is non-ambulatory requiring a manual wheelchair, requires a 1 person standing pivot to transfer, and a total assist with toileting, bathing, and eating; although Resident 1 can feed him/herself finger foods. The assessment noted for toileting Resident 1, "should be checked and changed every 2 hours" and Resident 1's Legal Guardian (LG A) requested 1 hour bed checks at night for safety. On 09/19/2023 at 9:04 AM, Surveyor conducted an interview with LG A. LG A stated Resident 1 no longer resided at the facility after LG A chose to remove Resident 1 from the provider's care (09/05/2024) after repeatedly not having his/her care concerns addressed. LG A stated s/he brought his/her concerns to staff and administrations' attention multiple times and the concerns were not addressed, or were immediately addressed, but no plan was set to prevent the same circumstances in the future with lasting interventions. Care Grievance LG A stated s/he visited Resident 1 weekly, sometimes more, and noticed during his/her time at the facility from 2017-2024 Resident 1 was frequently found in the morning to be "soaked head to toe" with urine. LG A stated Resident 1 was supposed to be checked hourly by staff throughout the night. LG A stated since Resident 1 moved into the facility in 2017 s/he has been through 3 different mattresses as a result of the	N 362		

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staff not utilizing the protective sheets s/he purchased and not regularly changing Resident 1; allowing the bed to become soaked through. LG A stated s/he brought this concern to the attention of the immediate staff whenever s/he came in the morning and found the resident laying in urine and also brought it to the attention of Former House Managers F and G, Manager B, and Administrator C without lasting effect (dates unknown.) LG A stated the resident would be changed right away when it was discovered, however no lasting interventions or reeducation for the staff was put into place to stop it from continuing to happen. LG A stated the concerns were brought up at care conferences with social work and the MCO present as well, and no formal grievance process was offered by the provider after the informal grievance process had consistently not resolved the issue. LG A stated s/he was never offered assistance by staff to submit a written grievance and never received a follow-up written summary of his/her grievance although it was consistently brought to multiple administrators' attention when discovered.

Food Intake Grievance
LG A stated during Resident 1's time at the facility from 2017-2024 s/he frequently brought concerns regarding Resident 1's food intake to the immediate caregiver's and administrator's attention (Former House Managers F and G, Manager B, and Administrator C; dates unknown.) LG A stated Resident 1 required assistance for food intake and Resident 1 lost weight in 2022. LG A stated the weight loss caused him/her to have to reach out to Resident 1's medical provider (MD H) for an order to increase his/her intake as it was discovered during a medical appointment Resident 1 had lost approximately 10 lbs and weighed in at 75lbs

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during the MD visit on 08/11/2022. LG A stated since the order for increased food intake, the resident regained the lost weight, but each time LG A was at the facility s/he had to remind staff to give food to Resident 1. LG A stated in May of 2024 the facility had no groceries available and s/he had to personally go grocery shopping for approximately $200.00 worth of food for the residents.

LG A stated initially s/he could address the concerns with the caregivers present but noticed as time when on that that the same concerns were not being managed. LG A stated this is when s/he brought his/her concerns to the administrators (Former House Managers F and G, Manager B, and Administrator C; dates unknown.) LG A stated every time s/he would reach out to management s/he would be told everything would be taken care of and found no lasting changes had been made. LG A stated s/he then decided to call the "Designated HIL Point of Contact " per the grievance policy. LG A stated the person s/he was put into contact with was Regional Director D. LG A stated at first Regional Director D would reassure him/her that his/her concerns would be addressed but after Resident 1 was evaluated to need a higher level of assistance requiring a Hoyer lift and LG A expressed his/her safety concerns regarding 1 caregiver using a Hoyer lift, Regional Director D was no longer courteous and it became clear LG A's concerns about food intake and keeping Resident 1 in dry depends would not be addressed in a meaningful way to resolve the issue with lasting interventions. LG A stated at this time s/he felt the only other option was to move Resident 1 to another provider's care. LG A stated s/he was never offered assistance by the provider's Designated HIL Point of Contact for

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grievances (Regional Director D) or any other staff member to submit a written grievance, and never received a follow-up written summary of his/her grievances, although they were repetitive and brought to multiple administrators' attention and s/he had reached out to the Designated HIL Point of Contact for grievances.

On 09/24/2024, Surveyor interviewed Caregiver I at 2:30 PM. Caregiver I stated s/he was hired in January of 2024, had worked PM shifts and now mainly works AM shifts. Caregiver I stated between approximately March to May of 2024 the CBRF had no consistent house manager and that Regional Manager E and Administrator C had not been consistently providing oversight to the program. Caregiver I stated during this time is when s/he noticed upon entering the facility in the morning that Resident 1 would be "soaked" in urine after particular (unnamed) noc shift employees would work. Caregiver I stated most of the employees who would not change Resident 1 were casual call employees and eventually left or went to work at another HIL program. Caregiver I stated at times caregivers would prepare a meal and Resident 1 would refuse the meal. Caregiver I stated instead of bringing something Resident 1 enjoyed to eat instead, some caregivers would leave the resident and not offer anything else. Caregiver I stated when s/he came in in the mornings s/he could tell when Caregiver J had been working the night before as Resident 1 was always very hungry. Caregiver I stated Resident 1 would be "so hungry." Caregiver I stated those mornings s/he would give Resident 1 snack after snack because Caregiver I could see how hungry s/he was. Caregiver I stated Manager B was hired in May of 2024 and after s/he was hired both Manager B and Administrator C provided oversight for the

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program and began "cracking down" on some of the more "problematic" staff. Caregiver I stated s/he brought his/her concerns about Resident 1 to Administrator C and Manager B's attention, but felt that Manager B was "too fresh" as a manager and had not addressed the concerns with the staff Caregiver I mentioned to him/her. Caregiver I stated s/he did not recall any type of internal investigation being conducted after s/he brought his/her concerns forward.

Caregiver I stated during March through May of 2024 there were times when there was not enough food to make meal for the residents. Caregiver I stated the house was supposed to have a week-by-week meal schedule but occasionally other shifts will use the food that was supposed to be made for meals for something else and then the residents will go without. Caregiver I stated at the time the caregivers "just had to make do" with what little was at the facility or someone would have buy food. Caregiver I stated s/he was worried about Resident 1 because there were times when "[s/he] had no snacks in the house," no food that Resident 1 could/ would eat. Caregiver I stated LG A would regularly buy food for Resident 1 and at times the other residents.

On 09/19/2024 at approximately 11:00 AM, Surveyor interviewed Manager B with Regional Manager E present. Manager B initially denied knowing of any concerns regarding Resident 1 brought to his/her attention.

At approximately 11:10 AM, Regional Director D (the Designated HIL Point of Contact for grievances per provider policy) joined the interview. Regional Director D recalled Resident 1's family, specifying LG A frequently had

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complaints regarding Resident 1's cares and stated his/her belief that the complaints stemmed from LG A's expectations being "too high" and remarked that complaints were made by LG A "near daily" when s/he visited. Regional Director D asked Manager B to describe some of the daily complaints made and Manager B recalled LG A frequently complaining about Resident 1 being found wet with soiled depends and mattress in the morning. Manager B stated it wasn't that Resident 1 was left uncared for, but that s/he had bladder retention issues and would frequently "flood" the bed. Regional Director D denied Resident 1's family had to purchase 3 new mattresses and stated to his/her knowledge only 1 new mattress had been purchased due to incontinence damage.

-Surveyor reviewed receipts for 3 mattresses purchased by LG A with delivery to the facility address for Resident 1 on 02/23/2021 for $990.61, 07/25/2022 for $728.98, and 05/31/2024 for $849.24.

Additionally, Manager B stated LG A would regularly complain that Resident 1 wasn't receiving enough snacks but remarked that the staff were continually offering the resident snacks throughout the day. Manager B and Regional Director D stated to their knowledge Resident 1 had never had a dietary order and that it was due to LG A's insistence that Resident 1 continually being offered snacks.

-Surveyor reviewed Resident 1's medical record for the appointment on 08/11/2022. MD H notes:

" ...weight is down ... [LG A] noticed [Resident 1] has been lighter than usual weight wise. [S/he has had a 10 LB decrease since [s/he] was in last ... [S/he] eats a general diet and

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is able to feed [him/herself] finger foods. [S/he] has not been getting enough calories since being in the group home. [S/he] was previously on a 3000+ calorie intake ... weight 75 lbs ...

Impressions: Unintended weight loss

Plan: Increase calorie intake. Patient is stable but has had some weight loss. Notes to facility include directions to provide 2 snacks between each meal and at HS. No lab abnormality found to account for weight loss ..."

-Surveyor reviewed Resident 1's Medication Administration Record including any ordered tasks and noted the directives given on 08/11/2022 from MD H to ensure Resident 1 had snacks between meals was not present.

When discussing the groceries bought for the facility, Regional Manager E stated the situation sounded familiar and that s/he had heard of one of the facilities s/he covered having a family member buy groceries. Manager B denied ever needing additional groceries bought since and stated s/he does weekly shopping with a meal plan and snacks provided.

Manager B, Regional Manager E and Regional Director D all discussed the care concerns and acknowledged they had all been made aware of the complaints about Resident 1 being found wet and not receiving enough food more than once.

Surveyor reviewed and e-mail sent by Regional Director D on 09/20/2024 10:05 AM

"...Concerns/complaint concerning this client were resolved using our informal grievance procedure which is outlined on page 2 of the

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attachment labeled Grievance Policy and Procedure.

This particular guardian noted concerns on nearly every visit to the home. Many of these concerns were relayed passively to direct care staff members on weekends when [s/he] would visit, and at no time were there specific concerns made about any staff members in particular. Follow up on this concerns were completed by [Manager B], the Direct Support Supervisor on the next business day and if further follow up was required, [Administrator C], Client Services Manager, was involved in resolving these concerns."

-All staff are under the employment of the provider and a complaint can be brought to any caregiver's attention, at any time of the week, in whatever manner presented, and does not have to name a specific caregiver to require an internal investigation into potential neglect or qualify as a grievance. Allegations of neglect are to be immedately investigated by the provider.

-The concerns were repeated as they were not resolved by the informal grievance process.

Regional Director D stated the complaints had not been internally investigated as allegations of potential neglect as no individual caregivers had been specified. Additionally, Regional Director D stated according to their policy, the complaints were not formal grievances. Regional Director D provided Surveyor with a copy of HIL's grievance policy and procedure where it outlines their definition of a grievance falling into either a formal or informal grievance. Informal grievances are referenced as simple day-to-day complaints that can be easily remedied verbally with the direct

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care staff present. The concerns may have initially been handled directly with staff in the short term but consistently rose again. The provider did not recognize the ongoing and unresolved complaints as grievances and did not follow through with the code requirements. The code doesn't not have provisions for separate formal vs informal grievances procedures and requires all grievances to be addressed with a written summary and conclusion submitted to the resident or their legal representative. No provision of the provider's policy and procedure is allowed to be in conflict with Chapter 83.

On 09/20/2024, Surveyor reviewed the provider's grievance policy and procedure which delegates grievances into formal and informal complaints. The informal complaint process entails discussing "any complaint or grievance with the staff member having the most immediate control over the matter, or with a designated facility supervisor. The informal process is recommended because most grievances can be resolved through such discussion." The policy goes on to note, "A grievance may be presented to the supervisor or any other staff person orally in writing or by any other method through which the client or other person usually communicates whenever possible the grievance should be resolved at the time of its presentation by listening to the nature of the complaint and making reasonable adjustments in operations or conditions if a grievance cannot be immediately resolved the person presenting the issue will be given an option of using an informal or formal grievance resolution process..." Additionally the grievance policy places a time limit, " Time Limits: the grievance will be presented within 45 days of the event or circumstance in the grievance, or of the time the event or circumstance was

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discovered, or of the client's achieving the ability to report the matter, whichever comes last, the supervisor may grant an extension of the 45 day limit for good cause if, for example, the investigation would likely result in improved care or the failure to investigate would result in substantial injustice."

Chapter 83 notes, "No statement of the admission agreement may be in conflict with any part of this chapter, unless the department has granted a waiver or variance of a provision of this chapter." Chapter 83 does not place provisions for time limitations on reporting grievances or provisions on assigning different levels to a reported grievance. The code notes, "The CBRF shall provide a written summary of the grievance, the findings and the conclusions and any action taken to the resident or the resident's legal representative and the resident's case manager." This is not specified for formal or informal grievances but for all grievances, not just ones deemed to be formal by the provider's determination. Additionally, the provider's own policy and procedure benchmarks that if the informal grievance process cannot resolve the grievance, the complainant will be offered the use of a formal grievance process. In the instances of LG A's repeat grievances not being resolved by the informal process on numerous occasions, the provider did not follow their own policy and procedure and offer to elevate the concern to a formal grievance. Per interview on 09/19/2024 with Regional Director D the provider did not recognize the repeated unresolved complaints that had the potential to cause the resident harm if not addressed were recognized as potential neglect that needed to be investigated or grievances at all.