

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G093		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/21/2012	
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3514 GREENBRIAR DR COLUMBUS, IN 47203			
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W0000	<p>This visit was for a full recertification and state licensure survey.</p> <p>Dates of Survey: December 18, 19, 20 and 21, 2012.</p> <p>Facility Number: 000633 AIMS Number: 100233950 Provider Number: 15G093</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 3, 2012 by Dotty Walton, Medical Surveyor III.</p>	W0000					

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

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.

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W0149	<p>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. Based on record review and interview for 1 of 3 investigations affecting 2 of 5 clients living at the group home (#3 and #5), the facility failed to implement their policies and procedures for conducting a thorough investigation of clients' missing money from the facility-operated workshop and ensuring the investigation was completed within 5 business days.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 12/18/12 at 1:03 PM. On 11/19/12 at 12:45 PM, workshop staff discovered money missing from an unlocked desk drawer. Client #3 was missing \$19.00 and client #5 was missing \$2.00. The facility's investigation, dated 12/17/12, did not indicate clients #3 and #5 were interviewed for the investigation. The investigation indicated several staff were interviewed however there was no documentation any clients were interviewed. The investigation indicated, "Upon interviewing each staff, no conclusion was able to be reached on who the money was taken by. The money was kept in a locked drawer. Upon</p>	W0149	<p>W149 Agency policy and procedures on prohibiting mistreatment, neglect, or abuse of clients, reporting of incidents to the state, and investigations were reviewed and determined appropriate. SGL manager will retrain QIDP's on conducting thorough and timely investigations per agency policy. SGL manager will review investigations to ensure compliance in this area. Responsible for QA: SGL Manager, QIDP</p>	01/20/2013			

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	<p>investigating, the lock had to be cut off because the key was missing. A new lock was to be purchased, but the money was taken before a new lock made it onto the drawer. The money came up missing between 3:30 PM on Friday and 11:00 AM on Monday."</p> <p>A review of the facility's policy and procedure for Identifying and Reporting Violations of Client Rights, dated 4/12/06, was reviewed on 12/18/12 at 12:55 PM. The policy indicated rights violations included abuse, neglect, exploitation and mistreatment. Exploitation was defined as, "Unauthorized use of a person or his or her resources for one's own profit or advantage. Includes any deliberate misplacement or use of an individual's belongings or money." The facility's Protocol for Completing Investigations, dated 1/3/06, indicated, "The investigation must be initiated within 24 hours and completed within 5 working days." The policy indicated, in part, "...will be investigated immediately and thoroughly."</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 12/20/12 at 12:51 PM. AS #1 indicated the investigator should have interviewed clients for the investigation. AS #1</p>						

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	<p>indicated the investigation was not thorough since clients were not interviewed. AS #1 indicated the investigation should be concluded within 5 working days of the incident.</p> <p>An interview with AS #2 was conducted on 12/19/12 at 11:52 AM. AS #2 indicated investigations should be concluded within 5 days of the incident.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 12/20/12 at PM. The QMRP indicated the investigation was not thorough since clients were not interviewed. The QMRP indicated the investigation should be concluded within 5 working days of the incident.</p> <p>9-3-2(a)</p>				

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 2 of 5 clients living at the group home (#3 and #5), the facility failed to conduct a thorough investigation of the clients' missing money from the facility-operated workshop.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 12/18/12 at 1:03 PM. On 11/19/12 at 12:45 PM, workshop staff discovered money missing from an unlocked desk drawer. Client #3 was missing \$19.00 and client #5 was missing \$2.00. The facility's investigation, dated 12/17/12, did not indicate clients #3 and #5 were interviewed for the investigation. The investigation indicated several staff were interviewed however there was no documentation any clients were interviewed. The investigation indicated, "Upon interviewing each staff, no conclusion was able to be reached on who the money was taken by. The money was kept in a locked drawer. Upon investigating, the lock had to be cut off because the key was missing. A new lock was to be purchased, but the money was</p>	W0154	<p>W154 Agency policy and procedures on prohibiting mistreatment, neglect, or abuse of clients, reporting of incidents to the state, and investigations were reviewed and determined appropriate. SGL manager will retrain QIDP's on conducting thorough and timely investigations per agency policy. SGL manager will review investigations to ensure compliance in this area. Responsible for QA: SGL Manager, QIDP</p>	01/20/2013			

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	<p>taken before a new lock made it onto the drawer. The money came up missing between 3:30 PM on Friday and 11:00 AM on Monday."</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 12/20/12 at 12:51 PM. AS #1 indicated the investigator should have interviewed clients for the investigation. AS #1 indicated the investigation was not thorough since clients were not interviewed.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 12/20/12 at 1:33 PM. The QMRP indicated the investigation was not thorough since clients were not interviewed.</p> <p>9-3-2(a)</p>				

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W0156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 2 of 5 clients living at the group home (#3 and #5), the facility failed to report the results of an investigation of the clients' missing money from the facility-operated workshop within 5 working days of the incident.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 12/18/12 at 1:03 PM. On 11/19/12 at 12:45 PM, workshop staff discovered money missing from an unlocked desk drawer. Client #3 was missing \$19.00 and client #5 was missing \$2.00. The facility's investigation, dated 12/17/12, did not indicate clients #3 and #5 were interviewed for the investigation. The investigation indicated several staff were interviewed however there was no documentation any clients were interviewed. The investigation indicated, "Upon interviewing each staff, no conclusion was able to be reached on who the money was taken by. The money was kept in a locked drawer. Upon</p>	W0156	<p>w156 Agency policy and procedures on prohibiting mistreatment, neglect, or abuse of clients, reporting of incidents to the state, and investigations were reviewed and determined appropriate. SGL manager will retrain QIDP's on conducting thorough and timely investigations per agency policy. SGL manager will review investigations to ensure compliance in this area. Responsible for QA: SGL Manager, QIDP</p>	01/20/2013			

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	<p>investigating, the lock had to be cut off because the key was missing. A new lock was to be purchased, but the money was taken before a new lock made in onto the drawer. The money came up missing between 3:30 PM on Friday and 11:00 AM on Monday."</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 12/20/12 at 12:51 PM. AS #1 indicated the investigation should be concluded within 5 working days of the incident.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 12/20/12 at 1:33 PM. The QMRP indicated the investigation should be concluded within 5 working days.</p> <p>9-3-2(a)</p>				

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W0240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 of 3 clients in the sample (#2), the facility failed to ensure client #2 had a plan to address her refusals to cooperate with physical exams.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 12/19/12 at 11:14 AM. On 1/19/12, client #2 had an appointment with her primary care physician. The appointment form indicated, "[Client #2] refuses pelvic/pap/rectal exams. She also refuses mammo (mammogram). The staff will discuss with psych (psychiatrist) to see if they think appropriate to medicate her for a procedure that she does not want. [Staff #3] will also inform her guardian, brother [name]." On 5/11/12, an appointment form from client #2's primary care physician indicated, "[Client #2] refuses pelvic and pap - not just refusing - but getting hysterical and fighting us. She also refuses her mammo." There was no documentation in client #2's record the group home staff discuss the issue with the psychiatrist and client #2's brother. There was no documentation addressing her refusals for</p>	W0240	<p>W240 QIDP will consult with the IDT and revise Client #2's program plan and BSP to address her refusal of physical exams. Staff will be trained on any revisions to the plans. QIDP will review monthly progress on any training objectives in this area.</p> <p>Responsible for QA: QIDP</p>	01/20/2013			

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	<p>exams in her Individual Program Plan (IPP), dated 12/11 - 12/12, and her Behavior Support Plan (BSP), dated 8/24/12. Her BSP indicated client #2 had a targeted behavior of refusals. The BSP's section titled, "Responses to targeted behaviors/Reactive Interventions," did not include steps to take to address client #2's refusals of medical examinations.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 12/20/12 at 12:51 PM. AS #1 indicated she thought client #2 had a plan addressing her refusals to cooperate with medical exams. AS #1 indicated client #2 should have a plan and the issue should be addressed.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 12/20/12 at 1:33 PM. The QMRP indicated she spoke to client #2's Health Care Representative (HCR). The QMRP indicated the HCR did not want client #2 to have the exams if she was refusing. The QMRP indicated the HCR did not want to force the issue with his sister. The QMRP indicated she did not have documentation of the conversation available for review. The QMRP indicated client #2's record should have documentation addressing her refusals.</p>						

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	9-3-4(a)				

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. Based on record review and interview for 3 of 3 clients in the sample (#1, #2 and #5), the facility failed to ensure the group home staff had access to the clients' current plans.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 12/19/12 at 10:23 AM. The record reviewed was from the group home and available to the group home staff for review. Client #1's Individual Program Plan (IPP) in the group home binder was dated 4/11 - 4/12. Client #1's current IPP was dated 4/12 - 4/13.</p> <p>A review of client #2's record was conducted on 12/19/12 at 11:14 AM. The record reviewed was from the group home and available to the group home staff for review. Client #2's IPP in the group home binder was dated 12/10 - 12/11. Client #1's current IPP was dated 12/11 - 12/12.</p> <p>A review of client #5's record was conducted on 12/19/12 at 10:23 AM. The record reviewed was from the group home</p>	W0248	<p>W248 QIDP will ensure that an audit is completed of each client's records at the home and that current program plans are in place. QIDP will conduct random audits at least monthly to ensure compliance continues in this area.</p> <p>Responsible for QA: QIDP</p>	01/20/2013	

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	<p>and available to the group home staff for review. Client #5's record did not contain an IPP. Client #5's current IPP was dated 11/12 - 11/13. The record contained a Behavior Support Plan (BSP) dated 10/21/10. Client #5's current BSP was dated 8/10/12.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 12/20/12 at 1:33 PM. The QMRP indicated the binders at the group home should have the clients' current plans for staff to access and review.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 12/20/12 at 12:51 PM. AS #1 indicated the clients' group home binders should have the clients' current plans for staff to access and review. AS #1 indicated it was the QMRP's responsibility to ensure the binders were up-to-date.</p> <p>9-3-4(a)</p>				

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 3 of 3 clients in the sample observed to receive their medication (#1, #2, and #5), the facility failed to ensure staff implemented the clients' medication training objectives.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 12/18/12 from 3:29 PM to 5:20 PM. At 3:37 PM, client #5 received her medications (Saline Mist for nasal dryness, Propranolol beta blocker for hyperthyroid and Risperidone for antipsychotic) from staff #4. Staff did not prompt client #5 to identify the possible side effects of her medications. At 3:45 PM, client #1 received her medications (Geodon as an antipsychotic and Ferrex for nutritional supplement) from staff #4. Staff did not prompt client #1 to identify the possible side effects of her medications. On 12/19/12 at 6:01 AM, client #5 received her medications (Polyethylene Glycol for constipation,</p>	W0249	<p>w249</p> <p>Staff will be retrained on implementation of each client's individual program plans. Specific training will include but not be limited to the implementation of medication training objectives during each med pass for each client. QIDP or designee will observe at least weekly for one month then monthly thereafter in the home and at the workshop to ensure compliance in these areas. Responsible for QA: QIDP</p>	01/20/2013			

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	<p>Therapeutic M as a nutritional supplement, Abilify as an antipsychotic, Calcium as a nutritional supplement, Montelukast for allergies, Propranolol beta-blocker for hyperthyroid, Risperidone as an antipsychotic, Saline Mist for nasal dryness and Fluticasone for asthma) from staff #6. Staff did not prompt client #5 to identify the possible side effects of her medications. At 7:25 AM, client #2 received her medication (Fiber-Lax for constipation) from staff #6. Staff #6 did not prompt client #2 to identify the medication, purpose or side effects.</p> <p>A review of client #1's record was conducted on 12/19/12 at 10:23 AM. Client #1's Individual Program Plan (IPP), dated 4/12 - 4/13, indicated client #1 had a training objective to learn the side effects of her medications.</p> <p>A review of client #2's record was conducted on 12/19/12 at 11:14 AM. Client #2's IPP, dated 12/11 - 12/12, indicated client #2 had a training objective to identify the side effects of specific (did not indicate the medications) medications, identify medication by name, and identify medication by purpose.</p> <p>A review of client #5's record was</p>						

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	<p>conducted on 12/19/12 at 10:56 AM. Client #5's IPP, dated 11/12 - 11/13, indicated client #5 had a training objective to identify the side effects of her medications.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 12/20/12 at 12:51 PM. AS #1 indicated the clients' medication training objectives should be implemented at each medication pass.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 12/20/12 at 1:33 PM. The QMRP indicated the clients' medication training objectives should be implemented at each medication pass.</p> <p>9-3-4(a)</p>				

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W0259	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on observation, record review and interview for 1 of 3 clients in the sample (#1), the facility failed to ensure client#1's behavioral management needs were reassessed, as needed.</p> <p>Findings include:</p> <p>An observation was conducted at the facility-operated day program on 12/18/12 from 2:05 PM to 2:42 PM. During the observation, client #1 was seated alone at a table away from her peers. Client #1 was not observed to interact with her peers during the observation.</p> <p>Observations were conducted at the group home on 12/18/12 from 3:29 PM to 5:20 PM and 12/19/12 from 5:57 AM to 7:50 AM. During the observations, client #1's bedroom window had an alarm on the window and sharp knives were locked. On 12/18/12 at 3:45 PM, client #1 was observed to receive Geodon (mood disorder).</p> <p>A review of client #1's record was conducted on 12/19/12 at 10:23 AM. Client #1's Behavior Support Plan (BSP),</p>	W0259	<p>W259 QIDP and the IDT will reassess the behavioral management needs of Client #1. The BC will update the BSP as needed based on input by the IDT to include more attainable criteria for psychotropic medication reduction. Staff will be trained on the new plan. The QIDP will document at least weekly observations regarding the implementation of the new plan. QIDP will review monthly behavioral documentation for Client #1. IDT meetings will be held as needed to assess the appropriateness of the BSP.</p> <p>Responsible for QA: QIDP</p>	01/20/2013			

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	<p>dated 10/17/12, indicated the most recent Functional Analysis (FA) was completed in April 2011. The BSP indicated client #1's targeted behaviors included verbal aggression, property destruction, refusals, elopement/running away, manipulation, theft and physical aggression. The plan indicated client #1 had the following restrictive interventions: two psychotropic medications (Zoloft and Geodon for mood disorder), window alarm due to previous elopements, remain in staff's sight during waking hours, locked knives due to using a knife to access the locked office of the home, searches (staff will search her and her lunchbox daily for items taken from the home or the workshop), restricted access to her cell phone, isolation at a table by herself away from others at the workshop, no conversation with peers during work hours, one on one escort into and out of the workshop, and supervised during breaks and lunches to allow staff to hear her conversations with her peers. The BSP indicated staff were to contact the police if client #1 was found in possession of a peer's belongings or if she engaged in disorderly conduct per the request of her guardian. There was no documentation in client #1's record indicating the need for the restrictive interventions had been reassessed.</p> <p>An interview with Administrative Staff</p>			

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	<p>(AS) #1 was conducted on 12/20/12 at 12:51 PM. AS #1 indicated client #1's behavioral assessment needed to be updated. AS #1 stated client #1's plan was "very restrictive."</p> <p>An interview with the Behavior Consultant (BC) was conducted on 12/20/12 at 11:33 AM. The BC indicated she started working with client #1 at the beginning of December 2012. The BC stated, "not a big fan of [former BC's name] work." The BC stated client #1's current plan was "a little restrictive for [client #1]." The BC stated, "not a big fan of her being separated at the workshop." The BC stated, "[client #1] was not learning anything from being separated from the group." The BC indicated each time the team convenes, a new restriction was put in and nothing was removed. The BC indicated she had not observed a reason for the knives at the group home to be locked. The BC indicated she needed to do a new Functional Analysis (FA). The BC stated, "I'd like to start over." The BC indicated she was not sure if a bedroom window alarm was needed. The BC stated she was going to do a new Functional Analysis "very soon." The BC indicated she was going to do the FA the first week of January 2013 at the latest. The BC indicated she had not been to client #1's group home.</p>			

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	9-3-4(a)				

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W0286	<p>483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Techniques to manage inappropriate client behavior must never be used for disciplinary purposes. Based on observation, record review and interview for 1 of 3 clients in the sample (#1) with restrictive interventions to address maladaptive behaviors, the facility failed to ensure client #1's behavioral management plan was not being used for disciplinary purposes.</p> <p>Findings include:</p> <p>An observation was conducted at the facility-operated day program on 12/18/12 from 2:05 PM to 2:42 PM. During the observation, client #1 was seated alone at a table away from her peers. Client #1 was observed not to interact with her peers during the observation.</p> <p>Observations were conducted at the group home on 12/18/12 from 3:29 PM to 5:20 PM and 12/19/12 from 5:57 AM to 7:50 AM. During the observations, client #1's bedroom window had an alarm on the window and sharp knives were locked. On 12/18/12 at 3:45 PM, client #1 was observed to receive Geodon (mood disorder).</p> <p>A review of client #1's record was</p>	W0286	<p>W286 QIDP and the IDT will reassess the behavioral management needs of Client #1. The BC will update the BSP as needed based on input by the IDT to include more attainable criteria for psychotropic medication reduction. Staff will be trained on the new plan. The QIDP will document at least weekly observations regarding the implementation of the new plan. QIDP will review monthly behavioral documentation for Client #1. IDT meetings will be held as needed to assess the appropriateness of the BSP.</p> <p>Responsible for QA: QIDP</p>	01/20/2013
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	<p>conducted on 12/19/12 at 10:23 AM. Client #1's Behavior Support Plan (BSP), dated 10/17/12, indicated the most recent Functional Analysis (FA) was completed in April 2011. The BSP indicated client #1's targeted behaviors included verbal aggression, property destruction, refusals, elopement/running away, manipulation, theft and physical aggression. The plan indicated client #1 had the following restrictive interventions: two psychotropic medications (Zoloft and Geodon for mood disorder), window alarm due to previous elopements, remain in staff's sight during waking hours, locked knives due to using a knife to access the locked office of the home, searches (staff will search her and her lunchbox daily for items taken from the home or the workshop), restricted access to her cell phone, isolation at a table by herself away from others at the workshop, no conversation with peers during work hours, one on one escort into and out of the workshop, and supervised during breaks and lunches to allow staff to hear her conversations with her peers. The BSP indicated staff were to contact the police if client #1 was found in possession of a peer's belongings or if she engaged in disorderly conduct per the request of her guardian.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 12/20/12 at</p>				

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	<p>12:51 PM. AS #1 indicated there were consequences in client #1's plan for her maladaptive behavior. AS #1 indicated she did not think client #1's plan was being used for discipline. AS #1 indicated if client #1 engaged in a targeted behavior then client #1 lost a privilege.</p> <p>An interview with the Behavior Consultant (BC) was conducted on 12/20/12 at 11:33 AM. The BC indicated the plan was punitive and being used as discipline. The BC indicated the plan needed to be revised and updated.</p> <p>9-3-5(a)</p>				

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W0312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 3 clients in the sample with psychotropic medications in her plan (#1), the facility failed to ensure the plans of reduction for her psychotropic medications were attainable.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 12/19/12 at 10:23 AM. Client #1's Behavior Support Plan (BSP), dated 10/17/12, indicated her targeted behaviors included verbal aggression, property destruction, refusals, elopement/running away, manipulation, theft and physical aggression. The plan indicated client #1 had two psychotropic medications (Zoloft and Geodon for mood disorder). The plan of reduction for Geodon indicated, in part, "When [client #1] has had no incidents of physical aggression, verbal aggression or property destruction, for a period of 6 consecutive months, the team will consider decreasing dose of Geodon to 20 mg (milligrams) bid (two times daily). The plan of reduction</p>	W0312	<p>W312 QIDP and the IDT will reassess the behavioral management needs of Client #1. The BC will update the BSP as needed based on input by the IDT to include more attainable criteria for psychotropic medication reduction. Staff will be trained on the new plan. The QIDP will document at least weekly observations regarding the implementation of the new plan. QIDP will review monthly behavioral documentation for Client #1. IDT meetings will be held as needed to assess the appropriateness of the BSP.</p> <p>Responsible for QA: QIDP</p>	01/20/2013	

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	<p>for Zoloft indicated, in part, "When [client #1] has had no symptoms of depression for a period of 6 consecutive months, the team will consider decreasing dose of Zoloft to 150 mg daily."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 12/20/12 at 1:33 PM. The QMRP stated, "Well, I don't know if it's realistic. The BC thought it was good so I went along with it." The QMRP indicated the timeframe for having no behaviors was long. The BC indicated it was hard for client #1 to go one week with no behaviors. The BC indicated the plan should be more flexible with the criteria for reducing her psychotropic medications.</p> <p>An interview with the Behavior Consultant (BC) was conducted on 12/20/12 at 11:33 AM. The BC indicated client #1's psychotropic medication reduction plan was not achievable. The BC stated, "The plan was not written well."</p> <p>9-3-5(a)</p>						

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (#1), the facility failed to ensure client #1 had her hearing evaluated.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 12/19/12 at 10:23 AM. Client #1's record contained no documentation client #1's hearing was assessed. Client #1's annual physical exam, dated 3/27/12, did not include an assessment of her hearing.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 12/20/12 at 1:33 PM. The QMRP indicated client #1 should have her hearing assessed every two years. The QMRP indicated the staff were unable to locate documentation to indicate when client #1's hearing assessment was conducted.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 12/20/12 at 12:51 PM. AS #1 indicated client #1's hearing should be assessed annually.</p>	W0323	<p>W323</p> <p>QIDP's have been retrained on requirements for timely annual medical exams to include hearing and dental for each client. Client #1 will be scheduled for hearing eval and dental exam as recommended. QIDP and agency nurse will review each client's chart at least monthly to ensure all medical exams are obtained timely.</p> <p>Responsible for QA: QIDP</p>	01/20/2013	

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	An interview with AS #2 was conducted on 12/19/12 at 12:06 PM. AS #2 indicated client #1 should have an annual hearing assessment. 9-3-6(a)			

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W0356	<p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (#1), the facility failed to ensure client #1 received annual dental care.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 12/19/12 at 10:23 AM. Client #1's record indicated her most recent dental exam was conducted on 11/14/11. The dental visit form indicated a follow-up appointment was to be held in one year. There was no documentation in client #1's record indicating a follow-up appointment was held.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 12/20/12 at 1:33 PM. The QMRP indicated the follow-up appointment should have been held in November 2012.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 12/20/12 at 12:51 PM. AS #1 indicated client #1 should have returned to her dentist one</p>	W0356	<p>W356 QIDP's have been retrained on requirements for timely annual medical exams to include hearing and dental for each client. Client #1 will be scheduled for hearing eval and dental exam as recommended. QIDP and agency nurse will review each client's chart at least monthly to ensure all medical exams are obtained timely.</p> <p>Responsible for QA: QIDP</p>	01/20/2013

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	<p>year from her last appointment.</p> <p>An interview with AS #2 was conducted on 12/19/12 at 12:06 PM. AS #2 indicated the appointment should have been held in November 2012.</p> <p>9-3-6(a)</p>			

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 3 of 3 clients in the sample (#1, #2 and #5) and one additional client (#3), the facility failed to ensure client #2 was involved with her breakfast prep and clean up and clients #1, #2, #3 and #5 served themselves family style at dinner.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 12/18/12 from 3:29 PM to 5:20 PM. At 4:37 PM, client #1 used a measuring cup to measure lima beans. Client #1 served clients' #2, #3 and #5 plates with sloppy joes. Client #1 poured herself and clients' #2, #3 and #5 milk. Client #1 carried the plates to the table and informed clients #2, #3 and #5 dinner was ready. At 4:50 PM, the clients passed around corn to serve to themselves family style.</p> <p>An observation was conducted at the group home on 12/19/12 from 5:57 AM to 7:50 AM. At 7:30 AM, client #2 entered the dining room and sat down at the dining room table. Staff #6 got a bowl out of the cabinet and took it to the table. Staff #6 poured cereal from a</p>	W0488	<p>W488</p> <p>QIDP will retrain staff in how to support each client in the meal preparation and clean up, and in dining that is consistent with their skill level and as identified in their IPP's both at home and in the day program. The QIDP or designee will observe mealtime procedures at least weekly for one month to ensure compliance in this area. Random observations will continue at least monthly.</p> <p>Responsible for QA: QIDP</p>	01/20/2013			

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	<p>plastic bag lying on the table at client #2's seat. Staff #6 poured milk onto the cereal and got client #2 a spoon. Staff #6 put toast in the toaster for client #2. During this time, client #2 was reading the newspaper. At 7:31 AM, staff #6 asked client #2 if she wanted juice. Client #2 indicated she wanted juice. At 7:33 AM, the toast popped up. Staff #6 used a spoon to spread jelly on client #2's toast. Staff #6 cleaned up the area where the toast was made and took the toast to client #2. Staff #6 stated, "I will get your juice." Staff #6 poured client #2's juice and took it to client #2. At 7:45 AM when client #2 finished her toast and cereal, staff #6 took client #2's dishes to the sink, rinsed them off and put them into the dishwasher.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 12/20/12 at 12:51 PM. AS #1 indicated client #2 was capable and should have been involved with breakfast preparation and clean up. AS #1 indicated the clients should be eating dinner family style. AS #1 indicated the serving bowls for every dish should be passed around and the clients should serve themselves.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 12/20/12 at 1:33 PM. The</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G093	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/21/2012
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	<p>QMRP indicated client #2 was capable and should be involved with breakfast preparation. The QMRP indicated the clients should be serving themselves using family style dining at dinner.</p> <p>9-3-8(a)</p>			