

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G443		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/12/2013	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 7310 E 55TH ST INDIANAPOLIS, IN 46226			
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W000000	<p>This visit was for a full recertification and state licensure survey. This visit included the investigation of complaint #IN00137777.</p> <p>Complaint #IN00137777: Substantiated. Federal and state deficiencies related to the allegation are cited at W102, W104, W318 and W331.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: November 6, 7, 8 and 12, 2013.</p> <p>Facility Number: 000957 Provider Number: 15G443 AIMS Number: 100244630</p> <p>Surveyor: Claudia Ramirez, RN</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/19/13 by Ruth Shackelford, QIDP.</p>	W000000					

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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W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (A, B, C and D) and for 4 additional clients (E, F, G and H), the facility's governing body failed to meet the Condition of Participation: Governing Body. The governing body failed to exercise operating direction over the facility:</p> <p>___To ensure adequate supervision for 3 of 4 sampled clients (clients B, C and D),</p> <p>___To ensure the facility implemented its written policy and procedures to ensure all allegations of abuse/neglect/mistreatment/exploitation were thoroughly investigated.</p> <p>___To ensure clients received timely medical care (client H).</p> <p>___To ensure the clients' home was maintained and in good repair (clients A, B, C, D, E, F, G and H).</p>	W000102	1. Please refer to W1042. Please refer to W1223. Please refer to W318	12/12/2013

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	<p>__ To ensure the facility maintained an accurate accounting system for the client's individual personal fund accounts (client D).</p> <p>Findings include:</p> <p>1. Please see W104. The governing body failed to exercise general policy and operating direction over the facility:</p> <p>__ To ensure adequate supervision for 3 of 4 sampled clients (clients B, C and D),</p> <p>__ To ensure the facility implemented its written policy and procedures to ensure all allegations of abuse/neglect/mistreatment/exploitation were thoroughly investigated.</p> <p>__ To ensure clients received timely medical care (client H).</p> <p>__ To ensure the clients' home was maintained and in good repair (clients A, B, C, D, E, F, G and H).</p> <p>__ To ensure the facility maintained an accurate accounting system for the client's individual personal fund accounts (client D).</p> <p>2. Please see W122. The governing body failed to meet the Condition of Participation: Client Protections for 3 of 4 sampled clients (clients B, C and D) and 1 additional client (client H). The facility failed to implement its written</p>			

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	<p>policy and procedures to prevent neglect by neglecting to provide adequate supervision for clients B, C, D and H, to prevent sexual coercion/exploitation for (clients B and D), by neglecting to obtain timely medical intervention for client H's fractured arm, by neglecting to supervise client D to prevent him from obtaining potentially dangerous objects and by neglecting to provide 24 hour supervision for client C who vacated the day service provider building.</p> <p>2. Please see W318. The governing body failed to meet the Condition of Participation: Health Care Services for 4 of 4 sampled clients (clients A, B, C and D) and 1 additional client (client H). The facility's health care services failed to ensure the clients' nursing needs were met by neglecting to ensure medical tests, risk plans and diagnostic evaluations were completed. The facility's health care services failed to obtain timely medical assessment/evaluation of client H's fractured arm.</p> <p>This federal tag relates to complaint #IN00137777.</p> <p>9-3-1(a)</p>			

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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (A, B, C and D) and for 4 additional clients (E, F, G and H), the facility's governing body failed to exercise general policy and operating direction over the facility:</p> <p>__ To ensure adequate supervision for 3 of 4 sampled clients (clients B, C and D),</p> <p>__ To ensure the facility implemented its written policy and procedures to ensure all allegations of abuse/neglect/mistreatment/exploitation were thoroughly investigated.</p> <p>__ To ensure clients received timely medical care (client H).</p> <p>__ To ensure the clients' home was maintained and in good repair (clients A, B, C, D, E, F, G and H).</p> <p>__ To ensure the facility maintained an accurate accounting system for the client's individual personal fund</p>	W000104	<p>All of the noted repairs have been forwarded to the maintenance supervisor to address. All noted repairs will be scheduled to be completed as soon as possible. Home Manager will receive retraining to include completing weekly walkthroughs of the home to note any items that are in need of repair or replacement. If any items are noted Home Manager will notify the Maintenance staff and/or Program Director as needed. If requests for repairs have not been completed or scheduled to be completed within a week, the HM will follow up with the maintenance staff and/or PD to determine the status of the repair. If the Program Director has not received any information regarding the status of the repair, the Program Director will speak with the Maintenance supervisor to determine the status of the repair. If the requested repairs have not been completed within 3 weeks of the request the Program Director will notify the Area Director so that further follow up</p>	12/12/2013			

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	<p>accounts (client D).</p> <p>Findings include:</p> <p>1. Observations were conducted in the group home on 11/06/13 from 4:15 PM until 6:15 PM and staff #1 and #2 were on duty. During a walk through of the home the following was observed:</p> <p>__The wall in the shower room contained a crack in the plaster of 10 inches near the toilet paper holder.</p> <p>__In the bathroom at the opposite end of the house with the bathtub, the tub was stained, the flooring by the vanity was stained a rusty color and separated from the vanity by 3/4 inch. The flooring by the toilet was split 6 to 7 inches long. The vanity contained a 12 inch circular hole in the back of the vanity by the pipes.</p> <p>__Client H's bedroom wall behind his bed was missing paint in an area 12 inches by 24 inches.</p> <p>__The kitchen wall's paint was coming off in an area of 10 inches by 6 inches. The ceiling wallpaper border above the doorway of the kitchen going into the living room was off in an area 14 inches and the border was 7 inches wide.</p> <p>An interview with staff #1 on 11/06/13 at 5:12 PM indicated the house was in need of repairs and he indicated</p>		<p>can be completed as needed. Ongoing the Home Manager will complete walkthroughs of the home a minimum of weekly. Ongoing, the Program Director will complete an environmental review at least once monthly and the Area Director will complete an environmental assessment of the home at least quarterly. Any needed repairs or replacements will be reported and follow up on a minimum of weekly. If repairs are not completed within a timely manner the matter should be reported to the next level of the chain of command for follow up. Responsible Staff: Maintenance Staff, House Manager, Program Director, Area Director Please refer to W140Please refer to W149Please refer to W154</p>		

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	<p>administrative staff had walked through the house recently and was aware of the needed repairs.</p> <p>An interview with client H on 11/06/13 at 4:50 PM indicated his wall had been missing paint for a long time and he did not understand why it could not get painted.</p> <p>On 11/08/13 at 3:25 PM an interview with the Area Director (AD) was conducted. The AD indicated the house was in the need of repair and especially the back bathroom with the tub.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility for client D, to maintain an accurate accounting system for the client's individual personal fund accounts. Please see W140.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to: ___ To implement written policies and procedures to ensure all allegations of abuse/neglect/injuries of unknown sources/exploitation were thoroughly investigated. ___ Provide adequate supervision to prevent sexual coercion/exploitation for</p>						

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W000122	<p>(clients B, C and D).</p> <p>___ Provide timely medical assessment, intervention and treatment for client H who had a fractured arm.</p> <p>___ Provide adequate supervision for client D to prevent him from obtaining potentially dangerous objects.</p> <p>___ Provide adequate supervision for client C who vacated the day service provider building. Please see W149.</p> <p>4. The governing body failed to exercise general policy and operating direction over the facility to ensure all incidents of abuse/neglect/mistreatment/exploitation were thoroughly investigated for clients B, C, D and H. Please see W154.</p> <p>This federal tag relates to complaint #IN00137777.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on record review and interview,</p>	W000122	1. Please refer to W1492. Please refer to W154	12/12/2013			

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	<p>the facility failed to meet the Condition of Participation: Client Protections for 3 of 4 sampled clients (clients B, C and D) and 1 additional client (client H). The facility failed to implement its written policy and procedures to prevent neglect by neglecting to provide adequate supervision for clients B, C, D and H, to prevent sexual coercion/exploitation for (clients B and D), by neglecting to obtain timely medical intervention for client H's fractured arm, by neglecting to supervise client D to prevent him from obtaining potentially dangerous objects and by neglecting to provide 24 hour supervision for client C who vacated the day service provider building.</p> <p>Findings include:</p> <p>1. Please see W149. For 8 of 15 BDDS (Bureau of Developmental Disabilities Services) reports, the facility neglected to implement the facility's policy and procedure by neglecting to provide adequate supervision for clients B, C, D and H, to prevent sexual coercion/exploitation for (clients B and D), by neglecting to obtain timely medical intervention for client H's fractured arm, by neglecting to supervise client D to prevent him from obtaining potentially dangerous objects and by neglecting to provide 24 hour</p>			

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W000125	<p>supervision for client C who vacated the day service provider building.</p> <p>2. Please refer to W154. For 8 of 15 BDDS (Bureau of Developmental Disabilities Services) reports regarding allegations of abuse, neglect and/or injuries of unknown source reviewed, the facility failed to conduct thorough investigations: in regard to alleged client sexual exploitation for clients B and D, in regard to client H's fractured arm, in regard to client D's possession of potentially dangerous objects and in regard to client C's elopement.</p> <p>9-3-2(a)</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p>			

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	<p>Based on record review and interview, the facility failed for 2 of 4 sampled clients (clients C and D) by not obtaining legally sanctioned representatives to assist the clients in making informed health or financial decisions.</p> <p>Findings include:</p> <p>Client C's records were reviewed on 11/08/13 at 10:30 AM. Client C's Individual Support Plan (ISP) dated 12/13/12 indicated he did not have a guardian or a health care representative. Client C's diagnoses included, but were not limited to: Mental Retardation, Congenital Blindness, Bipolar Disorder, Constipation and High Blood Pressure. Client C's Comprehensive Functional Assessment (CFA) dated 08/25/13 indicated client C required 24 hour supervision and was not able to independently manage his own finances. The CFA indicated client C required assistance with maintaining personal skills of daily living, making health care decisions and needed physical assistance to identify money values, to have awareness of the value of money, and to make small purchases. The CFA indicated client C was unable to manage his financial needs independently.</p>	W000125	<p>The Program Director will work with the Home Manager and Quality Assurance Specialist to obtain guardians or Health Care Representatives for Clients C and D to assist them in making informed decisions regarding their healthcare needs. The Program Director will receive retraining to include ensuring all consumers that are not able to fully make informed decisions on their own regarding healthcare needs and finances have a legal representative that can assist with making decisions on their behalf. Ongoing, the Program Director will ensure that upon admission and ongoing as circumstances change, all consumers that are not able to fully make informed decisions on their own have a legal representative that can assist in making decisions on their behalf. When reviewing consumers Individual Support Plans, the Area Director will review if all consumers that are not able to fully make decisions on their own regarding healthcare or finances have legal representation and if not will follow up with the Program Director to ensure the process is started to obtain legal representation. Responsible Parties: Program Director, Area Director</p>	12/12/2013			

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	<p>Client D's records were reviewed on 11/08/13 at 12:05 PM. Client D's Individual Support Plan (ISP) dated 12/14/12 indicated he did not have a guardian or a health care representative. Client D's diagnoses included, but were not limited to: Mental Retardation, Seizures, Nocturnal Enuresis, Attention Deficit Disorder, Depression and High Lipids. Client D's Comprehensive Functional Assessment (CFA) dated 08/04/13 indicated client D required 24 hour supervision and was not able to independently manage his own finances. The CFA indicated client D required assistance with maintaining personal skills of daily living, making health care decisions and needed physical assistance to identify money values, to have awareness of the value of money, and to make small purchases. The CFA indicated client D was unable to manage his financial needs independently.</p> <p>On 11/08/13 at 3:25 PM an interview with the Area Director (AD) was conducted. The AD indicated clients C and D did not have a legal representative and were not able to fully make informed decisions on their own regarding their health needs or finances.</p> <p>9-3-2(a)</p>				

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W000140	<p>483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based on record review and interview, for 1 of 4 sample clients (client D), the facility failed to maintain an accurate accounting system for the client's personal fund account.</p> <p>Findings include:</p> <p>On 11/07/13 at 11:00 AM a review of the August 2013, September 2013 and October 2013 client personal fund accounts for clients A, B, C, and D, was conducted with the Quality Assurance Specialist (QAS). An interview was conducted with the QAS on 11/07/13 at 11:25 AM. The QAS indicated there were not any November 2013 Cash on Hand Record sheets in client A, B, C and D's personal fund binders. Cash on hand in client A, B, C and D's funds was accurate. Client D's fund binder contained two September 2013 documents. One document indicated the</p>	W000140	<p>The Program Director and Home Manager will receive retraining client finances to ensure that they are completing a full and complete accounting of clients financial transactions including client check register records and cash on hand ledgers are balanced and reconciled weekly by the HM and monthly by the Program Director and copies of records are provided monthly to the Client Finance Specialist. Ongoing, the Home Manger will record and balance all client transactions a minimum of weekly and note this in the clients finance records. Ongoing the Program Director will review and reconcile client finances a minimum of monthly and note this in the client finance records. The Program Director will provide copies of the clients' financial transactions to the Client Finance Specialist a minimum of monthly. Monthly, the Client Finance Specialist will provide the Area Director a list of what client finances have not been turned in by the scheduled</p>	12/12/2013

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W000149	<p>ending balance for September 2013 was \$29.71 and the other document indicated the ending balance for September 2013 was \$25.85. Both pages contained different entries of expenses.</p> <p>Client D's records were reviewed on 11/08/13 at 12:05 PM. Client D's ISP (Individual Support Plan) dated 12/14/12 indicated client D was not able to independently handle his money and required assistance.</p> <p>An interview was conducted on 11/08/13 at 3:25 PM, with the Area Director (AD). The AD indicated client D was not independent in handling his money and required assistance from the agency/staff. The AD indicated the the Cash On Hand Records needed to be accurate and there should not be two records for the same month with different information on them.</p> <p>9-3-2(a)</p> <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.</p>	W000149	<p>deadlines and any corrections that need to be made so the Area Director can follow up with HM and/or PD to ensure these requirements are being met.</p> <p>Responsible Party: Home Manager, Program Director, Client Finance Specialist, Area Director</p> <p>1,2, 3, 4 Client B and Client D's supervision levels have been</p>	12/12/2013			

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	<p>Based on record review and interview for 8 of 15 BDDS (Bureau of Developmental Disabilities Services) reports, the facility neglected to implement the facility's policy and procedure by neglecting to provide adequate supervision for clients B, C, D and H, to prevent sexual coercion/exploitation for (clients B and D), by neglecting to obtain timely medical intervention for client H's fractured arm, by neglecting to supervise client D to prevent him from obtaining potentially dangerous objects and by neglecting to provide 24 hour supervision for client C who vacated the day service provider building.</p> <p>Findings include:</p> <p>On 11/06/13 at 10:53 AM the facility's BDDS Reports, investigations and internal incident/accident reports were reviewed from 11/01/12 through 11/05/13 and indicated the following:</p> <p>1. 01/28/13: A BDDS report of 01/29/13 from day service provider, for an incident on 01/28/13 at 12:55 PM indicated, "Staff noted something unusual in the men's restroom and knocked on a stall door. After approx[imately] 2 minutes [client B] came out following a man (fellow</p>		<p>increased at home during waking hours to monitor their interactions with peers more closely to prevent further incidents. Staff completes 15 minute checks on Client B and Client D during sleeping hours to monitor to ensure they not going into other housemates' rooms. The Program Director will receive retraining to include ensuring that protective measures are immediately put into place following incidents that involve adverse behaviors that effect or have the potential to effect other consumers in the group home. Program Director will also be responsible for holding IDTs as needed to discuss protective measures and if any updates or changes to the BSPs need to be made. The Program Director and Regional Quality Assurance Specialist will receive retraining on completing thorough investigations including ensuring that all parties related to the incident or could be effected by the incident are interviewed, designating who staff reported injuries and/or allegations to and ensuring all relevant documents, including risk plan, behavior support plans, medical reports, daily support records, etc. are reviewed so that a thorough investigation can be completed. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an</p>				

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	<p>consumer) (unidentified). While outside the stall staff did not hear sounds consistent with clothing being put on. Staff followed up and interviewed both participants. [Client B] did not respond consistently at times saying that the (sic) was in the stall alone and at other times stating she did not know how the man got into the men's room. She consistently stated that she knew it was the men's room and that she walked in to use the restroom. She walked approx 25 yards from her work area past the women's room to use the men's room. She stated that she did not know who the man was but then used his name. Meeting will be held to discuss how to prevent this from happening in the future. Both parties are not attending until resolution is reached."</p> <p>A Follow-up BDDS report dated 08/28/13 indicated, "An investigation was completed and it was determined that nothing more than kissing occurred between the two consumers. An IDT (Inter-disciplinary Team) (sic) was held with [client B's] guardian and behavior specialist. [Client B] had to miss a couple days of work until a meeting could be held. She was very upset that she had missed these days and was very anxious to go back to work. It was discussed with her that the workplace is not the appropriate place for these</p>		<p>investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>5. Client H Fall risk Protocol will be updated to include what precautions should be taken while Client H is bathing. Program Nurse will receive retraining to include ensuring that all consumers protocols are reviewed and updated as need a minimum of quarterly. Ongoing the Program Nurse will review and update as needed, a minimum of quarterly, all consumer protocols to ensure the most accurate information is available to the staff. Program Nurse will also ensure that staff are trained as needed for any updates. All direct support staff and Home Manager will receive retraining to include ensuring the Program Nurse is notified and clients receive evaluation by a licensed medical professional as soon as possible after identified issues have come up to monitor the consumers condition. The retraining will also include ensuring documentation is present for review of any medical assessment. Ongoing the</p>		

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	<p>activities and if she continued to have such behaviors, she might have to look at moving. She was very insistent that she did not want to move from [day service]. [Day service] staff will continue to closely monitor her activity and let Mentor staff know if any other issues occur. Behavior consultant will update plan to address these behaviors. Will continue to monitor if any future behaviors occur and IDT will reconvene to determine if any additional protective measures need to be put into place."</p> <p>2. 04/17/13: A BDDS report of 04/18/13 for an incident on 04/18/13 at 4:00 PM indicated, "Staff (staff #5) was transporting clients [client B] and [client D] to workshop, when staff observed client [client B] willingly letting [client D] attempting (sic) to go down her pants. Staff immediately pulled van over and asked [client B] to move to front passenger sit for duration of trip. [Client B] moved to front sit (sic) with no further issues. Client [client B] will ride in front passenger sit (sic) next to staff until further notice. Staff will be retrained on supervision of clients and IDT Team (sic) will meet to discuss further options."</p> <p>3. 05/21/13: A BDDS report of 05/21/13 from the day service provider,</p>		<p>Program Nurse will ensure that after any serious medical condition has been identified that the consumer is evaluated by a licensed professional as soon as possible after the incident and documentation of the assessment is present for review. The Area Director will work with the Program Nurse to ensure that medical assessments are completed following a serious medical incident. The Program Nurse will implement the Weekly/Monthly Nursing Progress Report. This report was designed to assist nursing staff with ensuring that all weekly, bi-weekly, and monthly duties are completed and on time. For the first 4 weeks, the Area Director and/or Clinical Supervisor will meet with the Program Nurse once a week during a scheduled meeting to review the 'Weekly/Monthly Nursing Progress Report' that is in progress. This will be a designated meeting to discuss what the nurse has accomplished, what is still left to do, and to assist in creating a work plan to get all left over items accomplished.</p> <p>After the first initial 4 weeks, the Area Director and/or clinical supervisor will meet with the Program Nurse once every 2 weeks to continue to review the 'Weekly/Monthly Nursing Progress Report' that is in progress at the time. This will</p>		

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	<p>for an incident on 05/21/13 at 10:20 AM indicated, "Staff observed someone that [client B] has expressed an interest in going into the single restroom. [Client B] followed and before staff arrived opened the door and tried to enter with him. The other participant immediately yelled and exited the restroom. When asked why she followed him she replied that she wanted to become pregnant and she wanted him to be the father. Staff reviewed appropriate places for relationships with [client B]. Residential and [day service] staff will meet Wed. (Wednesday) morning."</p> <p>4. 05/29/13: A BDDS report of 05/31/13 for an incident on 05/29/13 at 9:30 PM indicated, "[Client D] reported to staff [staff #6] that his penis had bumps on it. [Client D] asked staff to look at it and staff confirmed that there was rash like bumps on his penis. Staff notified Home Manager [name] and Nurse. [Client D] reported to Home Manager that his roommate (sic) [client B] came into the bathroom while he was showering and gave him oral sex the night before. Program Director [name] went to the house and [client B] (sic) she did give roommate (sic) [client B] (sic) oral sex. Client [client B] was immediately placed on 15 minute checks and staff's eye line of sight protocol until</p>		<p>continue for 4 additional weeks. Following the follow up 4 weeks, the Area Director and/or Clinical Supervisor will continue to meet with the Program Nurse no less than once a month. This meeting will consist of continuing to review the ongoing 'Weekly/Monthly Nursing Progress Report' that is in progress at the time. Ongoing, the Program Nurse will continue to utilize the 'Weekly/Monthly Nursing Progress Report', and turn it in at the beginning of the following month to be reviewed by the Area Director and/or Clinical Supervisor for any further follow up that may need to be completed or discussed. Responsible Party: Home Manager, Program Director, Program Nurse, Area Director 6,7 An IDT will be held for Client D to address taking items such as scissors and knives and discuss if it is appropriate to restrict Client D access to these items that could potentially cause harm to the staff or other consumers in the home. The Program Director will work with the Behavior consultant to make any changes to the BSP as needed. If restrictions are recommended for Client D by the IDT then the Program Director will obtain HRC approval for the restrictions prior to them being implemented. All staff will be trained on any BSP updates. The Program Director will receive retraining to include the need to</p>	

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	<p>IDT team (sic) can meet. Client [client B] and [client D] had STD (Sexual Transmitted Disease) screens done on 05/31/13. Staff will continue to follow ISP (Individual Support Plan) and BSP (Behavior Support Plan)."</p> <p>A Follow-up BDDS report dated 08/30/13 indicated, "1. After interviewing [client B] and [client D] this incident was consensual. 2. The STD screen came back negative for any diseases. 3. [Client B] was placed on a line of sight protocol and her BSP addresses sexual behaviors. 4. The staff 1 went to the kitchen to assist housemates and staff 2 went to help prep for evening hygiene. Staff will monitor [client B] for health and safety. Staff will keep [client B] in their line of sight while in the group home."</p> <p>Client B's record was reviewed on 11/07/13 at 2:15 PM. The 06/25/13 ISP (Individual Support Plan) indicated client B had a legal guardian and was not able to give her own consents. The ISP indicated, "...Sexual awareness: Has not shown interest in sexual activity." Client B's BSP dated 06/25/13 indicated client B's behaviors included aggressive outburst, non-stop crying and sexual misconduct.</p> <p>Client D's records were reviewed on</p>		<p>hold IDT meetings immediately following an incident to discuss the incident and determine if any additional protective measures need to be put into place such as possibly restricting access to items that could potentially cause harm to consumers and/or staff. The retraining will also include the need to ensure that the Behavior Consultant is notified of any behavior incidents where clients could potentially cause harm to staff or clients to ensure any changes to the BSP are made in a timely manner. 8. The Program Director and Regional Quality Assurance Specialist will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p>	

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	<p>11/08/13 at 12:05 PM. The ISP dated 12/14/12 indicated client D was emancipated and he did not have a guardian or a health care representative. Client D's Comprehensive Functional Assessment (CFA) dated 08/04/13 indicated client D required 24 hour supervision and was not able to independently make his own decisions.</p> <p>The Summary of Internal Investigation Report dated 06/01/13 for incident date 05/29/13 was not thorough as it indicated only clients B and D were interviewed. There were not interviews of any of the other clients in the home to determine if client B had made any sexual advances towards them. The investigation also indicated, ..."Evidence supports sexual interaction between [client B] and [client D]. Evidence does not support when the interaction occurred."</p> <p>On 11/08/13 at 3:25 PM an interview was conducted with the AD. The AD indicated both client B and client D were at risk for sexual exploitation and were not capable of giving consent.</p> <p>5. 06/02/13: A BDDS report on 06/02/13 for an incident dated 06/02/13 at 3:00 PM indicated, "[Client H] was complaining of arm pain. [Client H]</p>						

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	<p>was taken to [medical facility] and it was determined that he has a fracture. It is unknown at this time when the fracture occurred or how...."</p> <p>The Summary of Internal Investigation Report dated 06/07/13 for incident date 06/02/13 indicated, "Brief summary of the incident: [Client H] was diagnosed with a fractured humerus (sic) (humerus/long bone in the arm that runs from the shoulder to the elbow) on 06/02/13...Background of client and their placement...[Client H] is not able to provide information about an event accurately...[Client H] has a diagnosis of Osteopenia (bone loss). 12/13/11 [client H] experiences a fractured elbow. Evidence could not support how it occurred...Interview with [staff #7] on 06/04/13...Said on 06/01/13 [client H] did not want to get out of bed as usual and he was crying. She said she assessed [client H's] arm when he indicated it hurt...Interview with [staff #9] on 06/04/13...Said [client H] does not communicate well. He will frequently respond yes to every question, but will eventually state what happened if he knows. Said [client H] eventually said he fell in the shower, but did not tell anyone...Interview with [staff #8] on 06/05/13...Said when she reported to work at 7 am on 06/01/13 [staff #7]</p>						

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	<p>informed her that [client H] had complained that his arm was hurting...she (staff #8) observed him not using his arm as usual...Conclusion: Evidence supports [client H] likely incurred the injury the evening of 05/31/13 from a possible fall in the bathroom."</p> <p>Client H's records were reviewed on 11/08/13 at 12:05 PM. The ISP dated 06/25/13 indicated client H was at risk for falls, had a Fall Protocol and required 24 hour supervision. The Fall Protocol review date 09/27/12 neglected to indicate what type of precaution client H should take for bathing.</p> <p>On 11/08/13 at 3:25 PM an interview was conducted with the AD. The AD indicated client H was at risk for for falls. She indicated he should have been evaluated by a medical professional on 06/01/13 when he was not acting like himself and appeared to be in pain. She indicated his medical treatment was delayed when he was not seen until the next day on 06/02/13.</p> <p>6. 12/19/12: A BDDS report on 12/19/12 for an incident dated 12/19/12 at 6:35 PM indicated, "[Client D] was upset and he was breaking glass, snatched the cord out of the phone, and</p>			

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	<p>was chasing staff around the house with a knife and threatening to kill staff. Police were called and nurse was informed as well. Police did not take [client D] because he had calmed down and two staff members were in the home. Staff implemented 15 minute checks and took immediate precautionary measures."</p> <p>7. 02/02/13: A BDDS report on 02/02/13 for an incident dated 02/02/13 at 6:00 PM indicated, "On 02/02/13 [client D] had scissors in his pocket. Staff redirected [client D] to give back the pair of scissors, but not before [client D] was able to call 911. Police arrived to the group home, staff told police it was a misunderstanding and the police left with no report. Continue to monitor the health and safety of [client D]."</p> <p>Client D's records were reviewed on 11/08/13 at 12:05 PM. The ISP dated 12/14/12 indicated client D was emancipated and he did not have a guardian or a health care representative. Client D's Comprehensive Functional Assessment (CFA) dated 08/04/13 indicated client D required 24 hour supervision and was not able to independently made his own decisions. Client D's BSP dated 01/07/13 indicated client D's behaviors included verbal</p>						

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	<p>aggression, destroys property, stealing, physical aggression and inappropriate space. The BSP indicated client D was on medications for the behaviors.</p> <p>On 11/08/13 at 3:25 PM an interview was conducted with the AD. The AD indicated client D should not have been able to obtain the items he had which potentially could cause harm to the staff or to other clients in the home.</p> <p>8. 12/05/12: A BDDS report of an incident at day program on 12/05/12 at 10:00 AM indicated, "[Client C] was standing on the front sidewalk and staff asked him to come in and he refused. Staff worked with him for several minutes and he agreed to go inside. He went to the restroom and the staff returned to the other people he was supervising. After a short time staff went to the restroom and [client C] was not there. Staff began to search and located [client C] walking across the parking lot. Staff were concerned for his safety as he is blind. Staff reached to him as he reached the garage area of the parking lot. Staff discussed the matter with him and [client C] said that he planned to leave because he did not want to work at [day service] any longer. [Client C] returned to [day service] and continued to make statements that</p>						

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	<p>indicated he was not going to make safe choices such as continuing to discuss leaving and walking various places. Staff called his residential staff to discuss options and his staff talked to [client C]. After the conversation with his residential staff [client C] continue to talk about hitting other people so that he could go home as well as walking away. He also discussed killing others and having others killed. Residential staff came to pick [client C] up early to remove him from the situation."</p> <p>A follow-up BDDS report dated 08/28/13 indicated, "An IDT (Inter-disciplinary Team) (sic) was held to discuss the situation and [client C] stated that he did not like working at [dayservice] any longer. It was discussed to look at an alternative day placement for [client C] and he is currently working at a different program and seems to enjoy it. [Client C] stated that he really didn't want to kill or hurt anyone he was just saying it because he was mad. Staff processed other ways to positively express his anger instead of walking away and yelling at people. [Client C's] behavior plan was updated to include elopement and threats to others. [Client C] seems to enjoy his different day program and has had no issues there. Staff will continue to monitor his health and safety."</p>			

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	<p>Client C's records were reviewed on 11/08/13 at 10:30 AM. Client C's BSP dated 02/13/13 indicated client C's behaviors included irritability, physical aggression, verbal aggression, resistance to instruction and delusional talk. The BSP did not include elopement behavior.</p> <p>On 11/08/13 at 3:25 PM an interview was conducted with the Area Director (AD). The AD indicated there should have been an investigation into the elopement behavior.</p> <p>On 11/06/13 at 10:45 AM, a review of the facility's 04/2011 Policy of Quality and Risk Management indicated, "Indiana MENTOR promotes a high quality of service and seeks to protect individuals receiving Indiana MENTOR services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluation and reducing risk to which individuals are exposed. Indiana MENTOR follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS: 1. Alleged,</p>						

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	<p>suspected, or actual abuse, neglect, or exploitation of an individual...a. Physical abuse, including but not limited to: i. Intentionally touching another person in a rude, insolent, or angry manner...b. Sexual abuse, including but not limited to: i. Nonconsensual sexual activity; ii. Sexual molestation; iii. Sexual coercion; iv. Sexual exploitation...e. Failure to provide appropriate supervision, care or training...g. Failure to provide...medical services as needed...Indiana MENTOR is committed to ensuring the individuals we serve are provided with a safe and quality living environment...."</p> <p>On 11/08/13 at 3:25 PM an interview was conducted with the AD. The AD indicated staff failed to follow the policy/procedure on abuse/neglect. She indicated clients B, C, D and H required 24 hour supervision, were at risk for sexual exploitation, were at risk for injury by others and were not able to give consent. She indicated client H was not a reliable reporter of information. The AD further indicated the agency failed to follow the policy and failed to thoroughly investigate some of the incidents.</p> <p>9-3-2(a)</p>						

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W000154	<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 8 of 15 BDDS (Bureau of Developmental Disabilities Services) reports regarding allegations of abuse, neglect and/or injuries of unknown source reviewed, the facility failed to conduct thorough investigations: in regard to alleged client sexual exploitation for clients B and D, in regard to client H's fractured arm, in regard to client D's possession of potentially dangerous objects and in regard to client C's elopement.</p> <p>Findings include:</p> <p>On 11/06/13 at 10:53 AM the facility's BDDS Reports, investigations and internal incident/accident reports were reviewed from 11/01/12 through 11/05/13 and indicated the following:</p>	W000154	<p>The Program Director and Regional Quality Assurance Specialist will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made. Responsible Party: Home Manager, Program Director,</p>	12/12/2013

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	<p>1. 01/28/13: A BDDS report of 01/29/13 from day service provider, for an incident on 01/28/13 at 12:55 PM indicated, "Staff noted something unusual in the men's restroom and knocked on a stall door. After approx[imately] 2 minutes [client B] came out following a man (fellow consumer) (unidentified). While outside the stall staff did not hear sounds consistent with clothing being put on. Staff followed up and interviewed both participants. [Client B] did not respond consistently at times saying that the (sic) was in the stall alone and at other times stating she did not know how the man got into the men's room. She consistently stated that she knew it was the men's room and that she walked in to use the restroom. She walked approx 25 yards from her work area past the women's room to use the men's room. She stated that she did not know who the man was but then used his name. Meeting will be held to discuss how to prevent this from happening in the future. Both parties are not attending until resolution is reached."</p> <p>A Follow-up BDDS report dated 08/28/13 indicated, "An investigation was completed and it was determined that nothing more than kissing occurred between the two consumers. An IDT</p>		Regional Quality Assurance Specialist, Area Director.				

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	<p>(Inter-disciplinary Team) (sic) was held with [client B's] guardian and behavior specialist. [Client B] had to miss a couple days of work until a meeting could be held. She was very upset that she had missed these days and was very anxious to go back to work. It was discussed with her that the workplace is not the appropriate place for these activities and if she continued to have such behaviors, she might have to look at moving. She was very insistent that she did not want to move from [day service]. [Day service] staff will continue to closely monitor her activity and let Mentor staff know if any other issues occur. Behavior consultant will up date plan to address these behaviors. Will continue to monitor if any future behaviors occur and IDT will reconvene to determine if any additional protective measures need to be put into place." There was no investigation available for review of this incident.</p> <p>2. 04/17/13: A BDDS report of 04/18/13 for an incident on 04/18/13 at 4:00 PM indicated, "Staff (staff #5) was transporting clients [client B] and [client D] to workshop, when staff observed client [client B] willingly letting [client D] attempting (sic) to go down her pants. Staff immediately pulled van over and asked [client B] to move to</p>						

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	<p>front passenger sit for duration of trip. [Client B] moved to front sit (sic) with no further issues. Client [client B] will ride in front passenger sit (sic) next to staff until further notice. Staff will be retrained on supervision of clients and IDT Team (sic) will meet to discuss further options." There was no investigation available for review of this incident.</p> <p>3. 05/21/13: A BDDS report of 05/21/13 from the day service provider, for an incident on 05/21/13 at 10:20 AM indicated, "Staff observed someone that [client B] has expressed an interest in going into the single restroom. [Client B] followed and before staff arrived opened the door and tried to enter with him. The other participant immediately yelled and exited the restroom When asked why she followed him she replied that she wanted to become pregnant and she wanted him to be the father. Staff reviewed appropriate places for relationships with [client B]. Residential and [day service] staff will meet Wed. (Wednesday) morning." There was no investigation available for review of this incident.</p> <p>4. 05/29/13: A BDDS report of 05/31/13 for an incident on 05/29/13 at 9:30 PM indicated, "[Client D] reported</p>				

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	<p>to staff [staff #6] that his penis had bumps on it. [Client D] asked staff to look at it and staff confirmed that there was rash like bumps on his penis. Staff notified Home Manager [name] and Nurse. [Client D] reported to Home Manager that his roommate (sic) [client B] came into the bathroom while he was showering and gave him oral sex the night before. Program Director [name] went to the house and [client B] (sic) she did give roommate (sic) [client B] (sic) oral sex. Client [client B] was immediately placed on 15 minute checks and staff's eye line of sight protocol until IDT team (sic) can meet. Client [client B] and [client D] had STD (Sexual Transmitted Disease) screens done on 05/31/13. Staff will continue to follow ISP (Individual Support Plan) and BSP (Behavior Support Plan)."</p> <p>A Follow-up BDDS report dated 08/30/13 indicated, "1. After interviewing [client B] and [client D] this incident was consensual. 2. The STD screen came back negative for any diseases. 3. [Client B] was placed on a line of sight protocol and her BSP addresses sexual behaviors. 4. The staff 1 went to the kitchen to assist housemates and staff 2 went to help prep for evening hygiene. Staff will monitor [client B] for health and safety. Staff will keep [client B] in their line of sight</p>			
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	<p>while in the group home."</p> <p>Client B's record was reviewed on 11/07/13 at 2:15 PM. The 06/25/13 ISP (Individual Support Plan) indicated client B had a legal guardian and was not able to give her own consents. The ISP indicated, "...Sexual awareness: Has not shown interest in sexual activity." Client B's BSP dated 06/25/13 indicated client B's behaviors included aggressive outburst, non-stop crying and sexual misconduct.</p> <p>Client D's records were reviewed on 11/08/13 at 12:05 PM. The ISP dated 12/14/12 indicated client D was emancipated and he did not have a guardian or a health care representative. Client D's Comprehensive Functional Assessment (CFA) dated 08/04/13 indicated client D required 24 hour supervision and was not able to independently made his own decisions.</p> <p>The Summary of Internal Investigation Report dated 06/01/13 for incident date 05/29/13 was not thorough as it indicated only clients B and D were interviewed. There were not interviews of any of the other clients in the home to determine if client B had made any sexual advances towards them. The investigation also indicated, ..."Evidence</p>						

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	<p>supports sexual interaction between [client B] and [client D]. Evidence does not support when the interaction occurred."</p> <p>On 11/08/13 at 3:25 PM an interview was conducted with the AD. The AD indicated there were not investigations on some of the incidents and there should have been. She also indicated the investigation on the 05/29/13 incident was not thorough because all of the clients in the home should have been interviewed to determine if client B had made sexual advances on them.</p> <p>5. 06/02/13: A BDDS report on 06/02/13 for an incident dated 06/02/13 at 3:00 PM indicated, "[Client H] was complaining of arm pain. [Client H] was taken to [medical facility] and it was determined that he has a fracture. It is unknown at this time when the fracture occurred or how...."</p> <p>The Summary of Internal Investigation Report dated 06/07/13 for incident date 06/02/13 indicated, "Brief summary of the incident: [Client H] was diagnosed with a fractured humerus (sic) (humerus/long bone in the arm that runs from the shoulder to the elbow) on 06/02/13...Background of client and their placement...[Client H] is not able</p>			

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	<p>to provide information about an event accurately...[Client H] has a diagnosis of Osteopenia (bone loss). 12/13/11 [client H] experiences a fractured elbow. Evidence could not support how it occurred...Interview with [staff #7] on 06/04/13...Said on 06/01/13 [client H] did not want to get out of bed as usual and he was crying. She said she assessed [client H's] arm when he indicated it hurt...Interview with [staff #9] on 06/04/13...Said [client H] does not communicate well. He will frequently respond yes to every question, but will eventually state what happened if he knows. Said [client H] eventually said he fell in the shower, but did not tell anyone...Interview with [staff #8] on 06/05/13...Said when she reported to work at 7 am on 06/01/13 [staff #7] informed her that [client H] had complained that his arm was hurting...she (staff #8) observed him not using his arm as usual...Conclusion: Evidence supports [client H] likely incurred the injury the evening of 05/31/13 from a possible fall in the bathroom." The investigation was not thorough as the clients in the home were not interviewed to gather any information if they might have seen client H fall.</p> <p>Client H's records were reviewed on</p>						

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	<p>11/08/13 at 12:05 PM. The ISP dated 06/25/13 indicated client H was at risk for falls, had a Fall Protocol and required 24 hour supervision. The Fall Protocol review date 09/27/12 failed to indicate what type of precaution client H should take for bathing.</p> <p>On 11/08/13 at 3:25 PM an interview was conducted with the AD. The AD indicated the investigation was not thorough as all of the clients in the house were not interviewed.</p> <p>6. 12/19/12: A BDDS report on 12/19/12 for an incident dated 12/19/12 at 6:35 PM indicated, "[Client D] was upset and he was breaking glass, snatched the cord out of the phone, and was chasing staff around the house with a knife and threatening to kill staff. Police were called and nurse was informed as well. Police did not take [client D] because he had calmed down and two staff members were in the home. Staff implemented 15 minute checks and took immediate precautionary measures." There was no investigation available for review of this incident.</p> <p>7. 02/02/13: A BDDS report on 02/02/13 for an incident dated 02/02/13 at 6:00 PM indicated, "On 02/02/13</p>				

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	<p>[client D] had scissors in his pocket. Staff redirected [client D] to give back the pair of scissors, but not before [client D] was able to call 911. Police arrived to the group home, staff told police it was a misunderstanding and the police left with no report. Continue to monitor the health and safety of [client D]."</p> <p>There was no investigation available for review of this incident.</p> <p>Client D's records were reviewed on 11/08/13 at 12:05 PM. The ISP dated 12/14/12 indicated client D was emancipated and he did not have a guardian or a health care representative. Client D's Comprehensive Functional Assessment (CFA) dated 08/04/13 indicated client D required 24 hour supervision and was not able to independently made his own decisions. Client D's BSP dated 01/07/13 indicated client D's behaviors included verbal aggression, destroys property, stealing, physical aggression and inappropriate space. The BSP indicated client D was on medications for the behaviors.</p> <p>On 11/08/13 at 3:25 PM an interview was conducted with the AD. The AD indicated there should have been an investigation for the incidents.</p> <p>8. 12/05/12: A BDDS report of an</p>				

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	<p>incident at day program on 12/05/12 at 10:00 AM indicated, "[Client C] was standing on the front sidewalk and staff asked him to come in and he refused. Staff worked with him for several minutes and he agreed to go inside. He went to the restroom and the staff returned to the other people he was supervising. After a short time staff went to the restroom and [client C] was not there. Staff began to search and located [client C] walking across the parking lot. Staff were concerned for his safety as he is blind. Staff reached to him as he reached the garage area of the parking lot. Staff discussed the matter with him and [client C] said that he planned to leave because he did not want to work at [day service] any longer. [Client C] returned to [day service] and continued to make statements that indicated he was not going to make safe choices such as continuing to discuss leaving and walking various places. Staff called his residential staff to discuss options and his staff talked to [client C]. After the conversation with his residential staff [client C] continue to talk about hitting other people so that he could go home as well as walking away. He also discussed killing others and having others killed. Residential staff came to pick [client C] up early to remove him from the situation."</p>			

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	<p>A follow-up BDDS report dated 08/28/13 indicated, "An IDT (Inter-disciplinary Team) (sic) was held to discuss the situation and [client C] stated that he did not like working at [dayservice] any longer. It was discussed to look at an alternative day placement for [client C] and he is currently working at a different program and seems to enjoy it. [Client C] stated that he really didn't want to kill or hurt anyone he was just saying it because he was mad. Staff processed other ways to positively express his anger instead of walking away and yelling at people. [Client C's] behavior plan was updated to include elopement and threats to others. [Client C] seems to enjoy his different day program and has had no issues there. Staff will continue to monitor his health and safety." There was no investigation available for review of this incident.</p> <p>Client C's records were reviewed on 11/08/13 at 10:30 AM. Client C's BSP dated 02/13/13 indicated client C's behaviors included irritability, physical aggression, verbal aggression, resistance to instruction and delusional talk. The BSP did not include elopement behavior.</p> <p>On 11/08/13 at 3:25 PM an interview</p>						

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W000159	<p>was conducted with the Area Director (AD). The AD indicated there should have been an investigation into the elopement behavior.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview, the QIDP (Qualified Intellectual Disabilities Professional) failed for 4 of 4 sampled clients (clients A, B, C and D) and 4 additional clients (clients D, E, F and G) to ensure the day service provider was included in the development of the clients' ISPs (Individual Support Plans) and (BSPs) Behavior Support Plans and the ISPs and BSPs were at the day program they attended; to maintain an accurate accounting system for the client's personal fund account; to ensure the client's BSP (Behavior Support Plan) addressed the client's identified behavioral needs; to ensure the documentation and/or collection of data was obtained as outlined in the</p>	W000159	1. Please refer to W1402. Please refer to W2273. Please refer to W2484. Please refer to W2525. Please refer to W3126. Please refer to W 4407. Please refer to W4738. Please refer to W488	12/12/2013

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	<p>Individual Support Plans (ISP); to ensure the clients' Behavior Support Plan (BSP) included the medication or a titration plan for the medications in the plan; to ensure an evacuation drill was conducted at least every 90 days on the day and evening shifts; to ensure the clients' food was served at appropriate temperatures and to ensure the clients prepared their food as independently as possible.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Please refer to W140. The QIDP failed for 1 of 4 sample clients (client H), to maintain an accurate accounting system for the client's personal fund account. 2. Please refer to W227. The QIDP failed for 1 of 4 sampled clients (client C), to ensure the client's BSP (Behavior Support Plan) addressed the client's identified behavioral needs of elopement. 3. Please refer to W248. The QIDP failed for 2 of 4 sampled clients (B and D), to ensure the day service provider was included in the development of the clients' ISPs (Individual Support Plans) and (BSPs) Behavior Support Plans and the ISPs and BSPs were at the day 						

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	<p>program they attended.</p> <p>4. Please refer to W252. The QIDP failed for 4 of 4 sampled clients (clients A, B, C and D), to ensure the documentation and/or collection of data was obtained as outlined in the Individual Support Plans (ISP).</p> <p>5. Please refer to W312. The QIDP failed for 4 of 4 sampled clients (clients A, B, C and D), who were on medications related to behaviors, by not ensuring the clients' Behavior Support Plans (BSP) included the medication or a titration plan for the medications in the plan.</p> <p>6. Please refer to W440. The QIDP failed for 8 of 8 clients (clients A, B, C, D, E, F, G and H) who resided in the home, by not ensuring an evacuation drill was conducted at least every 90 days on the day and evening shifts.</p> <p>7. Please refer to W473. The QIDP failed for 2 of 4 sampled clients (B and D), to ensure the clients' food was served at appropriate temperatures.</p> <p>8. Please refer to W488. The QIDP failed for 4 of 4 sampled clients (clients A, B, C and D), to ensure the clients prepared their food as independently as</p>				

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	<p>possible.</p> <p>On 11/08/13 at 3:25 PM an interview was conducted with the AD (Area Director). The AD indicated the QIDP failed in the following areas: to ensure the day service provider was included in the development of the clients' ISPs (Individual Support Plans) and (BSPs) Behavior Support Plans and the ISPs and BSPs were at the day program they attended; to maintain an accurate accounting system for the client's personal fund account; to ensure the client's BSP (Behavior Support Plan) addressed the client's identified behavioral needs; to ensure the documentation and/or collection of data was obtained as outlined in the Individual Support Plans (ISP); to ensure the clients' Behavior Support Plans (BSP) included the medication or a titration plan for the medications in the plan; to ensure an evacuation drill was conducted at least every 90 days on the day and evening shifts; to ensure the clients' food was served at appropriate temperatures and to ensure the clients prepared their food as independently as possible.</p> <p>9-3-3(a)</p>						

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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client C), the client's BSP (Behavior Support Plan) failed to address the client's identified behavioral needs.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records from 11/01/12 to 11/05/13 were reviewed on 11/06/13 at 10:53 AM.</p> <p>A 12/05/12 BDDS (Bureau of Developmental Disabilities Services) report of an incident on 12/05/12 at 10:00 AM indicated, "[Client C] was standing on the front sidewalk and staff asked him to come in and he refused. Staff worked with him for several</p>	W000227	<p>The Program Director will consult with client C's IDT and Behavior Consultant to review Client C's Behavior Support Plan and add in the new targeted behavior of elopement. The Program Director will be retrained on the need to ensure that all targeted behaviors are included in all consumers BSPs so appropriate interventions can be developed to assist staff in addressing targeted behaviors. Ongoing the Program Director will ensure that the Behavior Consultant is informed of all new targeted behaviors so an IDT can be held to determine if the behavior should be added to the plan. The Program Director will follow up with the Behavior Consultant to ensure all recommendations for changes and/or updates to the Behavior Support Plan are completed as needed. Responsible Staff: Program Director, Behavior</p>	12/12/2013	

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	<p>minutes and he agreed to go inside. He went to the restroom and the staff returned to the other people he was supervising. After a short time staff went to the restroom and [client C] was not there. Staff began to search and located [client C] walking across the parking lot. Staff were concerned for his safety as he is blind. Staff reached to him as he reached the garage area of the parking lot. Staff discussed the matter with him and [client C] said that he planned to leave because he did not want to work at [day service] any longer. [Client C] returned to [day service] and continued to make statements that indicated he was not going to make safe choices such as continuing to discuss leaving and walking various places. Staff called his residential staff to discuss options and his staff talked to [client C]. After the conversation with his residential staff [client C] continue to talk about hitting other people so that he could go home as well as walking away. He also discussed killing others and having others killed. Residential staff came to pick [client C] up early to remove him from the situation."</p> <p>A follow-up BDDS report dated 08/28/13 indicated, "An IDT (Inter-disciplinary Team) (sic) was held to discuss the situation and [client C] stated that he did not like working at</p>		Consultant		

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	<p>[dayservice] any longer. It was discussed to look at an alternative day placement for [client C] and he is currently working at a different program and seems to enjoy it. [Client C] stated that he really didn't want to kill or hurt anyone he was just saying it because he was mad. Staff processed other ways to positively express his anger instead of walking away and yelling at people. [Client C's] behavior plan was updated to include elopement and threats to others. [Client C] seems to enjoy his different day program and has had no issues there. Staff will continue to monitor his health and safety."</p> <p>Client C's records were reviewed on 11/08/13 at 10:30 AM. Client C's BSP dated 02/13/13 indicated client C's behaviors included irritability, physical aggression, verbal aggression, resistance to instruction and delusional talk. The BSP did not indicate an update to include elopement behavior.</p> <p>On 11/08/13 at 3:25 PM an interview was conducted with the Area Director (AD). The AD indicated the elopement behavior should have been added to the plan.</p> <p>9-3-4(a)</p>			

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W000248	<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.</p> <p>Based on record review and interview for 2 of 4 sampled clients (B and D), the facility failed to ensure the day service provider was included in the development of the clients' ISPs (Individual Support Plans) and (BSPs) Behavior Support Plans and the ISPs and BSPs were at the day program they attended.</p> <p>Findings include:</p> <p>A record review on 11/07/13 at 8:49 AM, of client B and D's records at the day program they attended was conducted. The records did not include their current ISPs and BSPs.</p> <p>Client B's day service record was reviewed on 11/07/13 at 8:49 AM. Client B's record indicated the day service provider had an ISP dated 06/25/12 and a BSP dated 05/25/12. The day service provider had not been provided with the updated ISP dated</p>	W000248	<p>The Program Director will forward copies of all consumers ISP, RMAP and BSP to all appropriate service providers. The Program Director will receive retraining to review the need to ensure that once consumers ISP, RMAP and/or BSPs are created or updated that they are forwarded to consumers' individual Day Service programs as needed. Ongoing, when completed or received, the Program Director will forward copies of updated ISP, RMAP and BSP to consumers appropriate service providers. The Area Director will communicate with other day service providers a minimum of quarterly to review if updated copies of any paperwork have not been received. Responsible staff: Program Director, Area Director</p>	12/12/2013			

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	<p>06/25/13 and BSP dated 06/25/13.</p> <p>Client D's day service record was reviewed on 11/07/13 at 8:49 AM. Client D's record indicated the day service provider had an ISP dated 02/07/12. The day service provider had not been provided with the updated ISP dated 12/14/12.</p> <p>An interview was conducted on 11/07/13 at 8:49 AM, with staff #1 of the day program. She indicated the day service had not been invited to the ISPs and she did not have the current ISPs for clients B and D or the current BSP for client B.</p> <p>On 11/08/13 at 3:25 PM an interview with the Area Director (AD) was conducted. The AD indicated the day service provider should have the current ISPs and BSPs on clients B and D.</p> <p>9-3-4(a)</p>						

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W000252	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 4 of 4 sampled clients (clients A, B, C and D), the facility failed to document and/or collect data outlined in the Individual Support Plans (ISP).</p> <p>Findings include:</p> <p>1. Client A's records were reviewed on 11/07/13 at 1:03 PM. Client A's ISP was dated 12/20/12. Client A's record did not contain any goal sheets for the month of November 2013. The goal sheets for September 2013 and October 2013 contained the following goals which lacked documentation indicating the goals had been implemented:</p> <p>September 2013: -name his behavior med and reason he takes it - three times weekly (3 x week x 4 weeks = 12 times) - the tracking sheet contained recorded documentation of the goal implementation 10 times. - add money - nickels, dimes and quarters - the goal did not indicate how often it was to be implemented. The tracking sheet contained recorded</p>	W000252	<p>An audit will be completed on all clients Individual Service Plans and Program Goals/Objectives to ensure that the clients' most current program objectives are being implemented by staff and match what is written in the ISP. Updated goal tracking sheets will be provided to staff as needed and staff will be retrained on implementing any new program goals. Program Director will be retrained on QMRP responsibilities including up to date and accurate goal tracking sheets being provided to the staff monthly and ensuring that updated program plan objectives are make available to staff as soon as possible after the ISP is completed/updated. Home Manager and Program Director will review all consumers' program books to ensure all goals are being documented and tracked as written in the ISP. Responsible Party: Home Manager, Program Director, Area Director</p>	12/12/2013			

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	<p>documentation of the goal implementation 10 times.</p> <p>-practice brushing and flossing his teeth</p> <p>- the goal did not indicate how often it was to be implemented. The tracking sheet contained recorded documentation of the goal implementation 10 times.</p> <p>-talk about his day at work - the goal did not indicate how often it was to be implemented. The tracking sheet contained no recorded documentation the goal was being implemented.</p> <p>The Monthly Summary for the September 2013 goals which was dated 10/10/13 and completed by the QIDP (Qualified Intellectual Disabilities Professional) indicated client A's goals were the following:</p> <p>-daily at PM med pass, [client A] will sign his initials in mock med sheet medications.</p> <p>-when in the community or twice weekly, [client A] will determine amount needed to make a purchase.</p> <p>-twice a week, [client A] will hold a two minute conversation with staff or his peers about his day.</p> <p>-twice a week, [client A] will independently complete a side dish from the menu.</p> <p>-weekly, [client A] will choose a group a (sic) leisure activity.</p>				

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	<p>The September 2013 goal sheets and the September 2013 monthly summary goals did not match.</p> <p>October 2013: -name his behavior med and reason he takes it - three times weekly (3 x week x 4 weeks = 12 times) - the tracking sheet contained recorded documentation of the goal implementation 5 times. - add money - nickels, dimes and quarters - the goal did not indicate how often it was to be implemented. The tracking sheet contained recorded documentation of the goal implementation 5 times. -practice brushing and flossing his teeth - the goal did not indicate how often it was to be implemented. The tracking sheet contained recorded documentation of the goal implementation 5 times. -talk about his day at work - the goal did not indicate how often it was to be implemented. The tracking sheet contained no recorded documentation the goal was being implemented.</p> <p>2. Client B's records were reviewed on 11/07/13 at 2:15 PM. Client B's ISP was dated 06/25/13. Client B's record did not contain any goal sheets for the month of November 2013. The goal sheets for September 2013 and October</p>						

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	<p>2013 contained the following goals which lacked documentation indicating the goals had been implemented:</p> <p>September 2013:</p> <ul style="list-style-type: none"> -name her behavior meds and the way in which they help her - The goal did not indicate how often it was to be implemented. The tracking sheet contained recorded documentation of the goal implementation 11 times. - list and figure out the pricing of two items she wants - the goal did not indicate how often it was to be implemented. The tracking sheet contained recorded documentation of the goal implementation 11 times. -mention something new that she never talks about - the goal did not indicate how often it was to be implemented. The tracking sheet contained recorded documentation of the goal implementation 11 times. -keep up good hygiene on a daily basis. The tracking sheet contained recorded documentation the goal implementation 11 times. <p>The Monthly Summary for the September 2013 goals which was dated 10/10/13 and completed by the QIDP (Qualified Intellectual Disabilities Professional) indicated client B's goals were the following:</p>				

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	<p>-identify the reason for one medication.</p> <p>-daily, [client B] will hold a three minute or more conversation with staff without repeating herself.</p> <p>-twice a week, [client B] will cook the main dish on the menu.</p> <p>-weekly, [client B] will make a shopping list of personal items that she may need.</p> <p>-weekly, [client B] will independently plan a community outing.</p> <p>-twice a week, [client B] will clean her hearing aid.</p> <p>The September 2013 goal sheets and the September 2013 monthly summary goals did not match.</p> <p>October 2013:</p> <p>-name her behavior meds and the way in which they help her - the goal did not indicate how often it was to be implemented. The tracking sheet contained recorded documentation of the goal implementation 5 times.</p> <p>- list and figure out the pricing of two items she wants - the goal did not indicate how often it was to be implemented. The tracking sheet contained recorded documentation of the goal implementation 5 times.</p> <p>-mention something new that she never talks about - the goal did not indicate how often it was to be implemented.</p>			

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	<p>The tracking sheet contained recorded documentation of the goal implementation 5 times. -keep up good hygiene on a daily basis. The tracking sheet contained recorded documentation of the goal implementation 5 times.</p> <p>3. Client C's records were reviewed on 11/08/13 at 10:30 AM. Client A's ISP was dated 12/13/12. Client C's record did not contain any goal sheets for the month of November 2013. The goal sheets for September 2013 and October 2013 contained the following goals which lacked documentation indicating the goals had been implemented:</p> <p>September 2013: -state how his behavior meds have helped him on his job today. The tracking sheet contained recorded documentation of the goal implementation 10 times. - practice counting his pants and socks, so that he can tell how many are clean and how many need to be washed - the goal did not indicate how often it was to be implemented. The tracking sheet contained recorded documentation of the goal implementation 10 times. -practice showering and also washes his hair - the goal did not indicate how often it was to be implemented. The tracking</p>				

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	<p>sheet contained recorded documentation of the goal implementation 12 times.</p> <p>-practice interacting with others and remaining calm - the goal did not indicate how often it was to be implemented. The tracking sheet contained recorded documentation of the goal implementation 10 times.</p> <p>The Monthly Summary for the September 2013 goals which was dated 10/10/13 and completed by the QIDP (Qualified Intellectual Disabilities Professional) indicated client C's goals were the following:</p> <p>-make his bed, throw away his trash, and make his room neat.</p> <p>-twice a week when putting away his laundry, client C will match up his socks.</p> <p>-will practice counting his pants and socks, so that he can tell how many are clean and how many need to be washed.</p> <p>-everyday client C will chew his food good, eating at a slow rate of speed.</p> <p>The September 2013 goal sheets and the September 2013 monthly summary goals did not all match.</p> <p>October 2013:</p> <p>-state how his behavior meds have helped him on his job today. The</p>				

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	<p>tracking sheet contained recorded documentation of the goal implementation 5 times.</p> <p>- practice counting his pants and socks, so that he can tell how many are clean and how many need to be washed - the goal did not indicate how often it was to be implemented. The tracking sheet contained recorded documentation of the goal implementation 6 times.</p> <p>-practice showering and also washes his hair - the goal did not indicate how often it was to be implemented. The tracking sheet contained recorded documentation of the goal implementation 6 times.</p> <p>-practice interacting with others and remaining calm - the goal did not indicate how often it was to be implemented. The tracking sheet contained recorded documentation of the goal implementation 5 times.</p> <p>4. Client D's records were reviewed on 11/08/13 at 12:05 PM. Client D's ISP was dated 12/14/12. Client D's record did not contain any goal sheets for the month of November 2013. The goal sheets for September 2013 and October 2013 contained the following goals which lacked documentation indicating the goals had been implemented:</p> <p>September 2013: -learn how to count and identify</p>				

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	<p>numbers 1 through 50 - the goal did not indicate how often it was to be implemented. The tracking sheet contained recorded documentation of the goal implementation 10 times.</p> <p>- wash his clothes, straighten up and organize his room - the goal indicated it was to be implemented on Sundays and Wednesdays. The tracking sheet contained recorded documentation of the goal implementation 3 times.</p> <p>-state what behavior med he takes and why he takes them - the goal did not indicate how often it was to be implemented. The tracking sheet contained no recorded documentation the goal was implemented.</p> <p>-learn how to keep good hygiene at all times - the goal did not indicate how often it was to be implemented. The tracking sheet contained no recorded documentation the goal was being implemented.</p> <p>The Monthly Summary for the September 2013 goals which was dated 10/10/13 and completed by the QIDP (Qualified Intellectual Disabilities Professional) indicated client D's goals were the following:</p> <p>-learn how to count and identify the numbers 1 through 50.</p> <p>-state what behavior meds he takes and</p>						

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	<p>why he takes them.</p> <p>-wash his clothes, straighten up and organize his room.</p> <p>-learn how to keep good hygiene.</p> <p>-twice a week, [client D] will independently complete a side dish from the menu.</p> <p>- weekly, [client D] will choose a group leisure activity.</p> <p>The September 2013 goal sheets and the September 2013 monthly summary goals did not all match.</p> <p>October 2013:</p> <p>-learn how to count and identify numbers 1 through 50 - the goal did not indicate how often it was to be implemented. The tracking sheet contained recorded documentation of the goal implementation 5 times.</p> <p>- wash his clothes, straighten up and organize his room - the goal indicated it was to be implemented on Sundays and Wednesdays. The tracking sheet contained recorded documentation of the goal implementation 1 time.</p> <p>-state what behavior med he takes and why he takes them - the goal did not indicate how often it was to be implemented. The tracking sheet contained recorded documentation of the goal implementation 4 times.</p> <p>-learn how to keep good hygiene at all</p>						

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W000312	<p>times - the goal did not indicate how often it was to be implemented. The tracking sheet contained contained recorded documentation of the goal implementation 5 times.</p> <p>On 11/08/13 at 3:25 PM an interview with the Area Director (AD) was conducted. The AD indicated there had been a QIDP change in that house in the past few months. She indicated the goal sheets were not properly documented and had many blanks in them. She also indicated November 2013 goal sheets should have been in the goal books. The AD further indicated the monthly goals and the monthly summary goals should have matched and it was the QIDP's responsibility to ensure the documentation was completed on the goal sheets and the goals were correct.</p> <p>9-3-4(a)</p> <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.</p>			

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	<p>Based on record review and interview, the facility failed for 4 of 4 sampled clients (clients A, B, C and D) who were on medications related to behaviors, by not ensuring the clients' Behavior Support Plan (BSP) included a titration plan for the medications in the plan.</p> <p>Findings include:</p> <p>1. Client A's records were reviewed on 11/07/13 at 1:03 PM. Client A's BSP dated 02/25/13 indicated client A's behaviors included stealing, aggressive outburst, physical aggression, manic behavior and stereotypical behavior. The BSP indicated client A was on the following medications for the behaviors: Citalopram (anti-depressant) and Risperidone (anti-psychotic). The BSP did not contain a titration plan.</p> <p>On 11/08/13 at 3:25 PM an interview was conducted with the Area Director (PD). The AD indicated client A's BSP should contain a titration plan.</p> <p>2. Client B's records were reviewed on 11/07/13 at 2:15 PM. Client B's BSP dated 06/25/13 indicated client B's behaviors included aggressive outburst, non-stop crying and sexual misconduct. The BSP indicated client B was on the</p>	W000312	The QIDP will convene the IDT for client A, B, C and D. The IDT will assess the behaviors for which clients A, B, C, and D are prescribed medication and develop appropriate titration plans. The Behavior Consultant will be retrained on the requirement to include an appropriate plan to address medication withdrawal based on behaviors. The Behavior Consultant will revise the Behavior Plans to include the titration plan developed by the IDT. The QIDP will obtain required approvals as soon as the plans are available. The QIDP will also ensure the staff is trained on the implementation of the plans. The QIDP will review each client's files to ensure each client that receives medication to manage behavior has an appropriate titration plan. Responsible Staff: Program Director, Area Director, Behavior Consultant	12/12/2013			

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	<p>following medications for the behaviors: Escitalopram (anti-depressant), Olanzapine (anti-psychotic) and Busiprone (anti-anxiety). The BSP's Description of criteria for medication reduction indicated, "Recommendations for medication review will be based upon data collected through program data forms. Recommendations will be based on data indicating significant, sustained reduction in behavior (e.g. (example): at least 75% improvement in rate, duration or intensity of behaviors to increase lasting no less than 6 consecutive months...." The BSP did not contain a measurable component to determine what the rate was in order to calculate a, "75% improvement in rate." The BSP did not contain a measurable titration plan.</p> <p>On 11/08/13 at 3:25 PM an interview was conducted with the Area Director (PD). The AD indicated client B's BSP should contain a measurable titration plan.</p> <p>3. Client C's records were reviewed on 11/08/13 at 10:30 AM. Client C's BSP dated 02/13/13 indicated client C's behaviors included irritability, physical aggression, verbal aggression, resistance to instruction and delusional talk. The BSP indicated client C was on the</p>			

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	<p>following medications for the behaviors: Ziprasidone (anti-psychotic), Haloperidon (anti-psychotic), Divalproex (mood stabilizer) and Clonzapine (anti-psychotic). The BSP did not contain a titration plan.</p> <p>On 11/08/13 at 3:25 PM an interview was conducted with the Area Director (PD). The AD indicated client C's BSP should contain a titration plan.</p> <p>4. Client D's records were reviewed on 11/08/13 at 12:05 PM. Client D's BSP dated 01/07/13 indicated client D's behaviors included verbal aggression, destroys property, stealing, physical aggression and inappropriate space. The BSP indicated client D was on the following medications for the behaviors: Divalproex (mood), Fluoxetine (depression), Seroquel (aggression), Guanfacine (aggression) and Desmopressin (enuresis/bed wetting). The BSP's Description of criteria for medication reduction indicated, "Recommendations for medication review will be based upon data collected through program data forms. Recommendations will be based on data indicating significant, sustained reduction in behavior (e.g. (example): at least 75% improvement in rate, duration or intensity of behaviors to increase</p>			

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W000318	<p>lasting no less than 6 consecutive months...." The BSP did not contain a measurable component to determine what the rate was in order to calculate a, "75% improvement in rate." The BSP did not contain a measurable titration plan.</p> <p>On 11/08/13 at 3:25 PM an interview was conducted with the Area Director (PD). The AD indicated client D's BSP should contain a measurable titration plan.</p> <p>9-3-5(a)</p> <p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met.</p> <p>Based on record review and interview, the facility failed to meet the Condition of Participation: Health Care Services for 4 of 4 sampled clients (clients A, B, C and D) and 1 additional client (client H). The facility's healthcare services failed to ensure the clients' nursing needs were met by neglecting to ensure</p>	W000318	1. Please refer to W3222. Please refer to W 3233. Please refer to W331 Responsible Staff: Facility Nurse, Home Manager, Program Director, Area Director	12/12/2013

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	<p>medical tests, risk plans and diagnostic evaluations were completed. The facility's healthcare services failed to obtain timely medical assessment/evaluation of client H's fractured arm.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Please refer to W322. The facility nursing services failed for 1 of 4 sampled clients (client A) to have an annual physical examination. 2. Please refer to W323. The facility nursing services failed for 4 of 4 sampled clients (clients A, B, C and D) to have an annual hearing and vision screening examination. 3. Please refer to W331. The facility nursing services failed for 4 of 4 sampled clients (clients A, B, C and D) and 1 additional client (client H) to ensure they received nursing services according to their medical needs: by failing to obtain monthly blood tests for client B; by failing to ensure clients A, B, C and D obtained annual vision and hearing evaluations; by failing to update risk plans and include specific health care information for clients A, B, C and D, by failing to ensure client B's dental follow-up appointment was completed 				

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W000322	<p>and by failing to obtain timely medical assessment and intervention for client H with a fracture.</p> <p>This federal tag relates to complaint #IN00137777.</p> <p>9-3-6(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client A) to have an annual physical examination.</p> <p>Findings include:</p> <p>Client A's records were reviewed on 11/07/13 at 1:03 PM. Client A's record indicated he had a physical examination on 06/08/12 and his next physical was conducted on 07/08/13.</p>	W000322	<p>Home Manager, Program Director and Program Nurse will receive retraining to include ensuring that all consumers have physical examinations completed annually. Ongoing, the Area Director will track all consumers' annual physical examination dates and review the list a minimum of monthly. The Area Director will work with the Program Director to monitor which consumers physical examination dates are coming up in the upcoming months so examinations can be scheduled and completed timely.</p> <p>Responsible Party: Home</p>	12/12/2013	

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W000323	<p>On 11/07/13 at 3:25 PM an interview was conducted with the AD (Area Director). The AD indicated client A's physical examination was not timely.</p> <p>9-3-6(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES 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, the facility failed for 4 of 4 sampled clients (clients A, B, C and D) to have an annual vision or hearing screening examination.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 11/07/13 at 1:03 PM. Client A's last recorded vision screening evaluation was conducted on 11/08/11.</p> <p>Client B's record was reviewed on 11/07/13 at 2:15 PM. Client B's last recorded vision screening evaluation was conducted on 02/27/12 and her last recorded hearing screening evaluation was conducted on 02/21/12.</p>	W000323	<p>Manager, Program Director, Area Director, Program Nurse</p> <p>The Program Nurse will review all consumers medical appointment records (including Client A, B, C and D) and note when their last vision and hearing screening/evaluations were completed. Program Nurse will work with the Home Manager to ensure vision and/or hearing screenings are scheduled for all consumers as needed to ensure they have been reviewed annually. The Program Nurse will ensure that once screenings/evaluations have been completed, documentation is present in the medical charts for review. The Program Nurse will receive retraining to include ensuring that all consumers have annual vision and hearing screenings/evaluations a minimum of annually. Ongoing, the Program Nurse will track all consumers annual medical appointments and ensure that all</p>	12/12/2013

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W000331	<p>Client C's records were reviewed on 11/08/13 at 10:30 AM. Client C's last recorded hearing screening evaluation was conducted on 11/26/11.</p> <p>Client D's record was reviewed on 11/08/13 at 12:05 PM. Client D's last recorded vision screening evaluation was conducted on 02/21/12 and his last recorded hearing screening evaluation was conducted on 10/08/12.</p> <p>On 11/08/13 at 3:25 PM an interview with the Area Director (AD) was conducted. The AD indicated clients A, B, C and D did not have their annual hearing or vision screening examinations. She indicated it was the nurse's responsibility to ensure this was completed timely.</p> <p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility failed to ensure 4 of 4</p>			W000331	<p>consumers have hearing and vision screenings/evaluations a minimum of annually to determine if further follow up is needed. Responsible Party: Home Manager, Program Nurse.</p> <p>1. All Direct Support staff will receive retraining to include ensuring that the Monthly Healthcare checklists are being</p>		12/12/2013

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	<p>sampled clients (clients #1, #2, #3 and #4) and 1 additional client (client H), received nursing services according to their medical needs: by failing to obtain monthly blood tests for client B; by failing to ensure clients A, B, C and D obtained annual vision and hearing evaluations; by failing to update risk plans and include specific health care information for clients A, B, C and D; by failing to ensure client B's dental follow-up appointment was completed and by failing to obtain timely medical assessment and intervention for client H with a fracture.</p> <p>Findings include:</p> <p>1. Client A's records were reviewed on 11/07/13 at 1:03 PM. Client A's Individual Support Plan (ISP) was dated 12/20/12 and his BSP (Behavior Support Plan) was dated 02/25/13. The BSP indicated his behaviors included PICA (eating non-edible objects). The Monthly Healthcare Checklist indicated the form was to be completed by the 10th of each month and a check mark was to be used in each column, "if no problems are noted." The form included the following: Nails: Trimmed/clean. Scalp: clean. Ears: Clean/no drainage. Skin: No rashes/bruises/etc. Teeth: Clean. Gums: Pink/no swelling,</p>		<p>completed monthly and any issues that are noted are reported to the Program Nurse for review and follow up. The Program Nurse will receive retraining to include reviewing the consumers charts a minimum of monthly to ensure that staff are completing the monthly healthcare checklists. If the checklists are not completed, the Program Nurse will notify the HM and PD so that they can ensure completion. Client A Hypertension Protocol will be reviewed by the Program Nurse and revised as needed. Program Nurse will receive retraining to include ensuring that all consumers protocols are reviewed and updated as need a minimum of quarterly. Ongoing the Program Nurse will review and update as needed, a minimum of quarterly, all consumer protocols to ensure the most accurate information is available to the staff. Program Nurse will also ensure that staff are trained as needed for any updates. A PICA protocol has been developed for Client A. Program Nurse will receive retraining to include ensuring that all consumers that have identified risks such as PICA have appropriate protocols developed so staff are aware on how to monitor and prevent risks. Ongoing the Program Nurse will review and update as needed, a minimum of quarterly, all consumer protocols to ensure the</p>		

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	<p>bleeding. Feet: No fungus/nails trimmed. Eyes: Clear/no drainage. Breast Exam: (performed by individual). The form was blank for the months of September 2013 and October 2013. The Health Risk protocol included Hypertension (high blood pressure). The protocol was dated 06/14/12. There was no protocol for PICA. Client A's record contained a vision evaluation dated 11/08/11. There were no further documents to indicate the hearing evaluation was updated, or the risk plan updated.</p> <p>On 11/08/13 at 3:25 PM an interview with the Licensed Practical Nurse (LPN) and the Area Director (AD) was conducted. The AD indicated the LPN was new to the company and the protocol should have been updated and there should have been a PICA protocol. She indicated there was not a hearing update in the record after the 11/08/11 evaluation. The AD also indicated the Monthly Healthcare Checklists should be completed monthly.</p> <p>2. Client B's records were reviewed on 11/07/13 at 2:15 PM. Client B's ISP dated 06/25/13 indicated her diagnoses included, but were not limited to, seizures, reflux, poly cystic ovary disease, hearing impairment and</p>		<p>most accurate information is available to the staff. Program Nurse will also ensure that staff are trained as needed for any updates. A hearing examination has been scheduled for Client A. Home Manager and Program Nurse will receive retraining to include ensuring that all consumers have medical exams such as vision, hearing and annual physicals completed as recommended by the Primary Care physician but a minimum of annually for the physical examination and a minimum of every two years for the vision and hearing examinations Ongoing the Program Nurse will track all consumers hearing and vision examinations and notify the Home Manager when they are due to be scheduled again so that appointments can be scheduled in a timely manner to ensure consumers are being seen as recommended by the physician.</p> <p>2. Hearing and vision evaluations will be scheduled for client B. Home Manager and Program Nurse will receive retraining to include ensuring that all consumers have medical exams such as vision, hearing and annual physicals completed as recommended by the Primary Care physician but a minimum of annually for the physical examination and a minimum of every two years for the vision and hearing examinations Ongoing the Program Nurse will track all</p>	

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	<p>diabetes. The record indicated she had a hearing evaluation 02/21/12 and a vision evaluation on 02/27/12. Her last dental appointment was 06/27/13 and indicated she was to return to the dentist on 07/31/13. There was no documentation to indicate she returned to the dentist as ordered on 07/31/13. The Monthly Healthcare Checklist indicated the form was to be completed by the 10th of each month and a check mark was to be used in each column, "if no problems are noted." The form included the following: Nails: Trimmed/clean. Scalp: clean. Ears: Clean/no drainage. Skin: No rashes/bruises/etc. Teeth: Clean. Gums: Pink/no swelling, bleeding. Feet: No fungus/nails trimmed. Eyes: Clear/no drainage. Breast Exam: (performed by individual). The form was blank for the months of September 2013 and October 2013. Client B's record the following health risk protocols dated 06/19/12: diabetes, reflux, high lipids, gastritis, and poly cystic ovary disease. The record did not contain an updated plan or any indication the nurse had reviewed the plans after 06/19/12.</p> <p>On 11/08/13 at 3:25 PM an interview with the Licensed Practical Nurse (LPN) and the Area Director (AD) was conducted. The AD indicated the LPN</p>		<p>consumers hearing and vision examinations and notify the Home Manager when they are due to be scheduled again so that appointments can be scheduled in a timely manner to ensure consumers are being seen as recommended by the physician. Client B Protocols including Diabetes and Seizure Protocols will be reviewed by the Program Nurse and revised as needed. Program Nurse will receive retraining to include ensuring that all consumers protocols are reviewed and updated as need a minimum of quarterly. Ongoing the Program Nurse will review and update as needed, a minimum of quarterly, all consumer protocols to ensure the most accurate information is available to the staff. Program Nurse will also ensure that staff are trained as needed for any updates. All Direct Support staff will receive retraining to include ensuring that the Monthly Healthcare checklists are being completed monthly and any issues that are noted are reported to the Program Nurse for review and follow up. The Program Nurse will receive retraining to include reviewing the consumers charts a minimum of monthly to ensure that staff are completing the monthly healthcare checklists. If the checklists are not completed, the Program Nurse will notify the HM and PD so that they can ensure</p>				

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	<p>was new to the company. The AD indicated the protocols should be updated no less than annually. She indicated there the hearing evaluation and vision evaluation should have been updated. The AD also indicated the Monthly Healthcare Checklists should be completed monthly.</p> <p>3. Client C's records were reviewed on 11/08/13 at 10:30 AM. Client C's ISP dated 12/13/12 indicated he was to have monthly CBC (Complete Blood Count) testing. The Monthly Healthcare Checklist indicated the form was to be completed by the 10th of each month and a check mark was to be used in each column, "if no problems are noted." The form included the following: Nails: Trimmed/clean. Scalp: clean. Ears: Clean/no drainage. Skin: No rashes/bruises/etc. Teeth: Clean. Gums: Pink/no swelling, bleeding. Feet: No fungus/nails trimmed. Eyes: Clear/no drainage. Breast Exam: (performed by individual). The form was blank for the months of September 2013 and October 2013. Client C's record indicated he had a hearing evaluation on 11/26/11. The Health Risk protocols included but were not limited to: Constipation, Hypertension and Blindness. The constipation protocol was dated</p>		<p>completion. 3. Client C Protocols including Hypertension, Constipation and Blindness Protocols will be reviewed by the Program Nurse and revised as needed. Program Nurse will receive retraining to include ensuring that all consumers protocols are reviewed and updated as need a minimum of quarterly. Ongoing the Program Nurse will review and update as needed, a minimum of quarterly, all consumer protocols to ensure the most accurate information is available to the staff. Program Nurse will also ensure that staff are trained as needed for any updates. All Direct Support staff will receive retraining to include ensuring that the Monthly Healthcare checklists are being completed monthly and any issues that are noted are reported to the Program Nurse for review and follow up. The Program Nurse will receive retraining to include reviewing the consumers' charts a minimum of monthly to ensure that staff are completing the monthly healthcare checklists. If the checklists are not completed, the Program Nurse will notify the HM and PD so that they can ensure completion.A Hearing examination will be scheduled for Client C Home Manager and Program Nurse will receive retraining to include ensuring that all consumers have medical exams such as vision, hearing and annual physicals</p>	

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	<p>02/08/12, the hypertension protocol dated 06/14/12 and the blindness protocol was dated 08/09/12. There were no further documents to indicate the CBC was being drawn monthly, the hearing evaluation updated, or the risk plans updated.</p> <p>On 11/08/13 at 3:25 PM an interview with the Licensed Practical Nurse (LPN) and the Area Director (AD) was conducted. The AD indicated the LPN was new to the company. The AD indicated the protocols should be updated no less than annually. She indicated there the hearing evaluation should have been updated. The AD also indicated the Monthly Healthcare Checklists should be completed monthly. The AD indicated there were no further documents regarding the CBC monthly testing.</p> <p>4. Client D's records were reviewed on 11/08/13 at 12:05 PM. Client D's ISP dated 12/14/12 indicated his diagnoses included, but were not limited to, seizures, history of genital herpes and high lipids. The record indicated he had a hearing evaluation 10/08/12 and a vision evaluation on 02/21/12. The Monthly Healthcare Checklist indicated the form was to be completed by the 10th of each month and a check mark</p>		<p>completed as recommended by the Primary Care physician but a minimum of annually for the physical examination and a minimum of every two years for the vision and hearing examinations Ongoing the Program Nurse will track all consumers hearing and vision examinations and notify the Home Manager when they are due to be scheduled again so that appointments can be scheduled in a timely manner to ensure consumers are being seen as recommended by the physician. CBC blood testing will be completed for Client C. Home Manager and Program Nurse will receive retraining to include ensuring that all recommendations obtained from medical appointments, including Client C monthly labwork are completed and followed up as needed. The Program Nurse will receive retraining to include reviewing the consumers' charts a minimum of monthly to ensure that staff are completing Client C monthly CBC blood testing. If the monthly blood testing not completed, the Program Nurse will notify the HM and PD so that they can ensure completion.4. All Direct Support staff will receive retraining to include ensuring that the Monthly Healthcare checklists are being completed monthly and any issues that are noted are reported to the Program Nurse for review</p>				

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	<p>was to be used in each column, "if no problems are noted." The form included the following: Nails: Trimmed/clean. Scalp: clean. Ears: Clean/no drainage. Skin: No rashes/bruises/etc. Teeth: Clean. Gums: Pink/no swelling, bleeding. Feet: No fungus/nails trimmed. Eyes: Clear/no drainage. Breast Exam: (performed by individual). The form was blank for the months of September 2013 and October 2013. Client D's record contained the following health risk protocols dated 09/24/12: impaired skin integrity and seizures. The record did not contain a risk protocol for the genital herpes. The record did not contain an updated plan or any indication the nurse had reviewed the plans after 09/24/12.</p> <p>On 11/08/13 at 3:25 PM an interview with the Licensed Practical Nurse (LPN) and the Area Director (AD) was conducted. The AD indicated the LPN was new to the company. The AD indicated the protocols should be updated no less than annually and client D should have a risk plan related to the history o genital herpes. She indicated there the hearing evaluation and vision evaluation should have been updated. The AD also indicated the Monthly Healthcare Checklists should be completed monthly. She further indicated the was no documentation to indicate the risk protocols had been updated.</p>		<p>and follow up. The Program Nurse will receive retraining to include reviewing the consumers charts a minimum of monthly to ensure that staff are completing the monthly healthcare checklists. If the checklists are not completed, the Program Nurse will notify the HM and PD so that they can ensure completion. Client D impaired skin integrity and seizure protocols will be reviewed by the Program Nurse and revised as needed. Program Nurse will receive retraining to include ensuring that all consumers protocols are reviewed and updated as need a minimum of quarterly. Ongoing the Program Nurse will review and update as needed, a minimum of quarterly, all consumer protocols to ensure the most accurate information is available to the staff. Program Nurse will also ensure that staff are trained as needed for any updates. A genital herpes protocol has been developed for Client D. Program Nurse will receive retraining to include ensuring that all consumers that have identified risks have appropriate protocols developed so staff are aware on how to monitor and prevent risks. Ongoing the Program Nurse will review and update as needed, a minimum of quarterly, all consumer protocols to ensure the most accurate information is available to the staff. Program</p>				

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	<p>5. Client H's records were reviewed on 11/08/13 at 12:05 PM. The ISP dated 06/25/13 indicated client H was at risk for falls, had a Fall Protocol and required 24 hour supervision. The Fall Protocol review date 09/27/12 failed to indicate what type of precaution client H should take for bathing. Client H's record contained an incident dated 06/02/13 at 3:00 PM which indicated, "[Client H] was complaining of arm pain. [Client H] was taken to [medical facility] and it was determined that he has a fracture. It is unknown at this time when the fracture occurred or how...."</p> <p>The Summary of Internal Investigation Report dated 06/07/13 for incident date 06/02/13 indicated, "Brief summary of the incident: [Client H] was diagnosed with a fractured humerus (sic) (humerus/long bone in the arm that runs from the shoulder to the elbow) on 06/02/13...Background of client and their placement...[Client H] is not able to provide information about an event accurately...[Client H] has a diagnosis of Osteopenia (bone loss). 12/13/11 [client H] experiences a fractured elbow. Evidence could not support how it occurred...Interview with [staff #7] on 06/04/13...Said on 06/01/13 [client H] did not want to get out of bed as usual</p>		<p>Nurse will also ensure that staff are trained as needed for any updates. A hearing a vision examination will be scheduled for Client B. Home Manager and Program Nurse will receive retraining to include ensuring that all consumers have medical exams such as vision, hearing and annual physicals completed as recommended by the Primary Care physician but a minimum of annually for the physical examination and a minimum of every two years for the vision and hearing examinations Ongoing the Program Nurse will track all consumers hearing and vision examinations and notify the Home Manager when they are due to be scheduled again so that appointments can be scheduled in a timely manner to ensure consumers are being seen as recommended by the physician.5. Client H Fall risk Protocol will be updated to include what precautions should be taken while Client H is bathing. Program Nurse will receive retraining to include ensuring that all consumers protocols are reviewed and updated as need a minimum of quarterly. Ongoing the Program Nurse will review and update as needed, a minimum of quarterly, all consumer protocols to ensure the most accurate information is available to the staff. Program Nurse will also ensure that staff are trained as needed for any</p>				

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	<p>and he was crying. She said she assessed [client H's] arm when he indicated it hurt...Interview with [staff #9] on 06/04/13...Said [client H] does not communicate well. He will frequently respond yes to every question, but will eventually state what happened if he knows. Said [client H] eventually said he fell in the shower, but did not tell anyone...Interview with [staff #8] on 06/05/13...Said when she reported to work at 7 am on 06/01/13 [staff #7] informed her that [client H] had complained that his arm was hurting...she (staff #8) observed him not using his arm as usual...Conclusion: Evidence supports [client H] likely incurred the injury the evening of 05/31/13 from a possible fall in the bathroom."</p> <p>On 11/08/13 at 3:25 PM an interview was conducted with the AD. The AD indicated client H was at risk for falls. She indicated he should have been evaluated by a medical professional on 06/01/13 when he was not acting like himself and appeared to be in pain. She indicated his medical treatment was delayed when he was not seen until the next day on 06/02/13.</p> <p>This federal tag relates to complaint #IN00137777.</p>		<p>updates. All direct support staff and Home Manager will receive retraining to include ensuring the Program Nurse is notified and clients receive evaluation by a licensed medical professional as soon as possible after identified issues have come up to monitor the consumers condition. The retraining will also include ensuring documentation is present for review of any medical assessment. Ongoing the Program Nurse will ensure that after any serious medical condition has been identified that the consumer is evaluated by a licensed professional as soon as possible after the incident and documentation of the assessment is present for review. The Area Director will work with the Program Nurse to ensure that medical assessments are completed following a serious medical incident. The Program Nurse will implement the Weekly/Monthly Nursing Progress Report. This report was designed to assist nursing staff with ensuring that all weekly, bi-weekly, and monthly duties are completed and on time. For the first 4weeks, the Area Director and/or Clinical Supervisor will meet with the Program Nurse once a week during a scheduled meeting to review the 'Weekly/Monthly Nursing Progress Report' that is in progress. This will be a designated meeting to discuss</p>				

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	9-3-6(a)		<p>what the nurse has accomplished, what is still left to do, and to assist in creating a work plan to get all left over items accomplished.</p> <p>After the first initial 4 weeks, the Area Director and/or clinical supervisor will meet with the Program Nurse once every 2 weeks to continue to review the 'Weekly/Monthly Nursing Progress Report' that is in progress at the time. This will continue for 4 additional weeks. Following the follow up 4 weeks, the Area Director and/or Clinical Supervisor will continue to meet with the Program Nurse no less than once a month. This meeting will consist of continuing to review the ongoing 'Weekly/Monthly Nursing Progress Report' that is in progress at the time. Ongoing, the Program Nurse will continue to utilize the 'Weekly/Monthly Nursing Progress Report', and turn it in at the beginning of the following month to be reviewed by the Area Director and/or Clinical Supervisor for any further follow up that may need to be completed or discussed. Responsible Party: Home Manager, Program Director, Program Nurse, Area Director</p>		

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W000340	<p>483.460(c)(5)(i) NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>Based on observation, record review and interview, the facility failed to ensure staff followed training in health care for 1 of 5 clients who received medications at the 5:00 PM medication pass (client E) for proper medication administration.</p> <p>Findings include:</p> <p>On 11/06/13 at 5:20 PM the House Manager (HM) indicated he was going to pass the 5:00 PM medications. He sat down at a circular table which contained books and papers. He gloved his hands and did not sanitize the table. He was observed at 5:24 PM to prepare client E's medications for administration. The HM was observed to punch one of the medications and it flipped out of the bubble package and onto the table. The HM picked up the pill and placed it in the medication cup. The pill was included with the other pills client E took at 5:28 PM.</p> <p>On 11/08/13 at 3:25 PM an interview with the Area Director (AD) was</p>	W000340	<p>The Home Manager and all Direct Support Staff will receive retraining on proper medication administration techniques including sanitizing the area that medications will be dispensed as well as not giving pills to consumers that have been dropped onto the floor or work area. The Home Manager, Program Nurse and/or Program Director will complete medication administration observations at least twice weekly for 4 weeks to ensure that proper health and hygiene methods are being used during the Medication Administration process. Ongoing after the 4 weeks the Home Manager, Program Nurse and/or Program Director will complete medication administration observations at least once weekly to ensure that proper health and hygiene methods are being used during the Medication Administration process. Responsible Party: Home Manager, Program Director, Program Nurse</p>	12/12/2013			

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W000440	<p>conducted. The AD indicated the pill should not have been picked up from the table by the HM and administered to client E.</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview, the facility failed for 8 of 8 clients (clients A, B, C, D, E, F, G and H) who resided in the home, to ensure an evacuation drill was conducted at least every quarter on the day and evening shifts.</p> <p>Findings include:</p> <p>On 11/06/13 at 1:36 PM, record reviews were completed of the facility's evacuation drills for the period of 11/01/12 through 11/05/13. The review of the evacuation drill records included evacuation drills which were conducted for personnel and clients A, B, C, D, E, F, G and H).</p> <p>A day shift drill was conducted on</p>	W000440	The Home Manager will be retrained on the policy and procedures for the completion of evacuation drills. The Home Manager will be responsible for submitting a copy of the fire drill to the Program Director and Quality Assurance Specialist before the last day of each month. The Quality Assurance Specialist will review the report and request any necessary follow-up. The Program Director will be responsible for ensuring the needed follow-up is completed. Responsible Staff: Program Director, Home Manager, Quality Assurance Specialist	12/12/2013

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W000473	<p>04/13/13 at 10:22 AM. There were no drills conducted after the 04/13/13 day drill. An evening shift drill was conducted on 02/04/13 at 3:30 PM. The next recorded evening shift drill was conducted on 08/08/13 at 7:29 PM.</p> <p>On 11/08/13 at 3:25 PM an interview with the Area Director (AD) was conducted. The AD indicated the drills were to be conducted every quarter and there were no additional evacuation drills for review.</p> <p>9-3-7(a)</p> <p>483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate temperature.</p> <p>Based on observation and interview for 2 of 4 sampled clients (B and D), the facility failed to ensure the clients' food was served at appropriate temperatures.</p> <p>Findings include:</p> <p>1. Observations were done at the group</p>	W000473	The Home Manager and all Direct Support staff will receive retraining regarding foods being served to clients at an appropriate temperature including ensuring that cold packs are included in consumer lunchboxes as needed to make sure food is kept at an appropriate temperature. The Home Manager, Program Nurse and/or Program Director will	12/12/2013

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	<p>home on 11/07/13 from 6:30 AM until 7:45 AM. At 7:15 AM client D obtained turkey lunch meat and mayo from the refrigerator and placed the meat and mayo on a sandwich bun and wrapped it in aluminum foil. He made a second sandwich of the same and placed both in a plastic bag. The bag did not contain a cold pack or any mechanism to keep the food cold. Client D was interviewed on 11/07/13 at 7:18 AM. He indicated the sandwiches were for his lunch and to be eaten at his day program.</p> <p>Staff #3 was interviewed 11/07/13 at 7:20 AM and she indicated client D's lunch bag did not contain any mechanism to keep the food cold.</p> <p>On 11/07/13 at 8:45 AM client D was observed at the day service program. Client D sat in his work chair and a plastic bag was on the chair to his left. Client D indicated the plastic bag contained his lunch he had made at home.</p> <p>On 11/08/13 at 3:25 PM an interview with the Area Director (AD) was conducted. The AD indicated client D's food should have been kept cold with a cold pack in his bag since the food was not refrigerated from the time he made it until he ate it at lunch time.</p>		<p>complete mealtime observations at least twice weekly for 4 weeks to ensure that food is being prepared and served to all consumers at an appropriate temperature. At least one observation per week is to include lunch food preparation to ensure that lunches that consumers take to work include cold packs as needed to make sure food is kept at an appropriate temperature</p> <p>Ongoing after the 4 weeks the Home Manager, Program Nurse and/or Program Director will complete mealtime observations at least once weekly to ensure that food is being prepared and served to all consumers at an appropriate temperature.</p> <p>Responsible Party: Home Manager, Program Director, Program Nurse</p>		

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	<p>2. Observations were done at the group home on 11/07/13 from 6:30 AM until 7:45 AM. At 7:23 AM client B sat on the couch with her coat on and a lunch box at her feet. She indicated her lunch was packed and it contained a turkey sandwich. She indicated there was not a cold pack or any mechanism inside the box to keep it cold until lunch. Client B indicated she put the lunch box in her locker at the workshop.</p> <p>Staff #3 was interviewed 11/07/13 at 7:30 AM and she indicated client B's lunch box did not contain any mechanism to keep the food cold.</p> <p>On 11/07/13 at 8:25 AM client B was observed at the day service program walking to her locker. Client B placed her lunch box in the locker. She indicated it stayed in her locker until lunch time.</p> <p>On 11/08/13 at 3:25 PM an interview with the Area Director (AD) was conducted. The AD indicated client B's food should have been kept cold with a cold pack in her lunch box since the food was not refrigerated from the time he made it until she ate it at lunch time.</p> <p>9-3-8(a)</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G443	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/12/2013
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7310 E 55TH ST INDIANAPOLIS, IN 46226
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W000488	<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, record review and interview, the facility failed for 4 of 4 sampled clients (clients A, B, C and D), by not ensuring the client prepared their food as independently as possible.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 11/07/13 from 6:30 AM until 7:45 AM and staff #3 and #4 were on duty. The breakfast menu included oatmeal and french toast. At 6:30 AM staff #3 was cooking french toast in a skillet on the stove in the kitchen. Staff #3 cooked french toast and oatmeal without assistance from clients A, B, C and D. Staff #3 placed the individual plates of french toast and bowls with oatmeal in front of clients A, B, C and D where they sat at the table. Staff #3 poured milk at the kitchen counter and served the meal to clients A, B, C and D. Clients A, B, C and D were not prompted to assist in making the breakfast or in pouring the milk. The breakfast meal was served to the clients by staff #3.</p>	W000488	<p>All Direct Support staff will receive retraining on ensuring that active treatment opportunities are being provided to clients, especially at mealtime, based on their developmental levels. Training will include ensuring that consumers are offered opportunities to assist with meal preparation and serve themselves their meals based on their developmental disability. The Home Manager, Program Nurse and/or Program Director will complete mealtime observations at least twice weekly for 4 weeks to ensure that consumers are being offered opportunities to assist with meal preparation and serving themselves meals based on their developmental abilities. Ongoing after the 4 weeks the Home Manager, Program Nurse and/or Program Director will complete mealtime observations at least once weekly to ensure that consumers are being offered opportunities to assist with meal preparation and serving themselves meals based on their developmental abilities. Responsible Party: Home Manager, Program Director, Program Nurse</p>	12/12/2013

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	<p>Client A's records were reviewed on 11/07/13 at 1:03 PM. Client A's Comprehensive Functional Assessment (CFA) dated 07/20/13 indicated client A was able to assist with meal preparation, to mix and to pour.</p> <p>Client B's records were reviewed on 11/07/13 at 2:15 PM. Client B's CFA dated 08/07/13 indicated client B was able to assist with meal preparation, to mix and to pour.</p> <p>Client C's records were reviewed on 11/08/13 at 10:30 AM. Client C's CFA dated 08/25/13 indicated client C was able with assistance to mix and to pour.</p> <p>Client D's records were reviewed on 11/08/13 at 12:05 PM. Client D's CFA dated 08/04/13 indicated client D was able to assist with meal preparation, to mix and to pour.</p> <p>On 11/08/13 at 3:25 PM an interview with the Area Director (AD) was conducted. The AD indicated the clients should prepare their food as independently as possible. She indicated clients A, B, C and D could have assisted in their meal preparation with staff assistance and staff #3 should not have served the meal to them.</p>			
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